



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP


FOR
SECRETARY OF STATE
USE ONLYAnnual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1332534		2. Exact name of the Limited Liability Company Brook Insurance Associates LLC			
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Insurance policy sales			
5. State of Formation Rhode Island					
6. Principal Office Address 1935 Elmwood Ave			City Warwick	State RI	Zip 02888
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christopher Brook			Contact Title member		
Street Address PO Box 8977			City Cranston	State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Christopher Brook				Date 9/14/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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SEP 18 2017

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