



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000105787

**2. Exact Name of the Limited Liability Company** ARAG, L.L.C.

**3. State of Formation**

State: IA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MARKETING AND ADMINISTRATION OF INSURED AND /OR NON INSURED LEGAL SERVICES PLANS

**5. Principal Office Address**

No. and Street: 400 LOCUST STREET, SUITE 480

City or Town: DES MOINES

State: IA Zip: 50309 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 400 LOCUST STREET SUITE 480

City or Town: DES MOINES

State: IA Zip: 50309 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANN COSIMANO	400 LOCUST STREET, SUITE 480 DES MOINES , IA 50309 USA

MANAGER	DAVID MURRAY	400 LOCUST STREET SUITE 480 DES MOINES, IA 50309 USA
MANAGER	ANDREA MORSE	400 LOCUST STREET, SUITE 480 DES MOINES, IA 50309 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 6 Day of October, 2017 at 12:17:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By ANN COSIMANO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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