RI SOS Filing Number: 201751528610 Date: 10/13/2017 10:37:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 OCT -4 AM 11: 02

Annual 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.

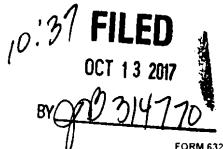
| 1. Entity ID Number 000793939 | 2. Exact name of the Limited Liability Company Global Bureau of Insurance Fraud & Recovery LLC | | | | | |
|--|---|--|--|---------------------|---|--|
| 3 NAICS Code 524210 | 4. Brief descr | Brief description of the character of business conducted in Rhode Island | | | | |
| 5 State of Formation RI | Insurance Fraud Recovery | | | | | |
| 6. Principal Office Address 74 Toronto Street | | | City Providence | State RI | Zip 02905 | |
| 7. Mailing Address of Limited I | Liability Company | y and Name or Ti | | | | |
| Contact Name Walin Acosta | | | Contact Title Manger | | | |
| Street Address 74 Toronto Street | | | City Providence | State RI | ^{Zip} 02905 | |
| 8. List ALL managers (names | | of the Limited Lia | | | MEMBERS | |
| Manager Name Victor Caridad Hicnez | | | Manager Name Walin Acosta | | | |
| Street Address 74 Toronto Street | | | Street Address 74 Toronto Street 5 5 | | | |
| ^{City} Providence | State RI | Zip 02905 | City Providence | State RI | ZIP 02905 D TX | |
| Manager Name Alexis Henrequez Nunez | | | Manager Name | | ۵ × ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ | |
| Street Address 74 Toronto Street | | | Street Address | | A STATE | |
| City Providence | State RI | ^{Zip} 02905 | City | State | 7.57 × 1.1E | |
| | | | | Check the box to ii | ndicate an attachment | |
| Resident Agent in Rhode Isi | | | | | | |
| Under penalty of perjury, I destatements, and that all state | eclare and affirm ements containe | n that I have exa ed herein are tru | mined this report, including e and correct. | any accompanying | g schedules and | |
| Name of Authorized Person Date 7 29 17 | | | | | | |
| Signature of Authorized Person | | ARI 090 | 17(C14'EZ | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 632 - Revised: 08/2017