STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
000706337	ForbesGallagher, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	Title company #531190		
5. Principal office address	City	State	Zip
660 Main Street, Unit C-3	East Greenwich	RI	02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
Matthew Forbes	President		
Street Address	City	State	Zip
30 ManMar Drive, Suite 11	Plainville	MA	02762

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Matthew Forbes	
Street Address	Street Address
30 ManMar Drive, Suite 11	
City / State / Zip	City / State / Zip
Plainville / MA / 02762	/ /
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
/ /	/ /

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

RECEIVED
2017 OCT 30 AM 9:38
R.I. DEPT. OF STATE
BUS SVCS DIV

FILED
9:55
OCT 30 2017
BY 316136

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

10/27/2017
Signature of Authorized Person — Date

Matthew Forbes
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012