



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

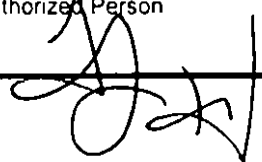
Annual Report for the year: 2017

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 000524448 | | 2 Exact name of the Limited Liability Company Insight Investments LLC | | | |
| 3 NAICS Code 532420 | | 4. Brief description of the character of business conducted in Rhode Island Leasing of tangible business personal property | | | |
| 5. State of Formation DE | | | | | |
| 6. Principal Office Address 611 Anton Blvd. Ste 700 | | | City Costa Mesa | State CA | Zip 92626 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Thomas Hitzel | | | Contact Title Director of Tax | | |
| Street Address 611 Anton Blvd. Ste 700 | | | City Costa Mesa | State CA | Zip 92626 |
| 8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name John Ford - CEO | | | Manager Name Richard Heard - President | | |
| Street Address 611 Anton Blvd Ste 700 | | | Street Address 611 Anton Blvd. Ste 700 | | |
| City Costa Mesa | State CA | Zip 92626 | City Costa Mesa | State CA | Zip 92626 |
| Manager Name David Wang - Chief of Staff | | | Manager Name Christopher Czaja - CFO | | |
| Street Address 611 Anton Blvd. Ste 700 | | | Street Address 611 Anton Blvd. Ste 700 | | |
| City Costa Mesa | State CA | Zip 92626 | City Costa Mesa | State CA | Zip 92626 |
| 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 Thomas Hitzel - Director of Tax | | | | Date 10/19/2017 | |
| Signature of Authorized Person  10/19/17 | | | | | |

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FILED

OCT 30 2017

BY 245806  Revised: 08/2017