State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 ILMEE Liability Company Annual Report File of September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thrifty (30) days after the time prescribed by law (R.I.G.L. 7- 646(dcd)) is subject to a penalty fee of 255.00. ANNUAL REPORT YEA: 2017 1. ID No. 000220360 2. Exact Name of the Limited Liability Company HUE INTERNATIONAL NORTHWEST LLC State of Formation State Of Formation State Of 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. State 2210 Article II State Of Describertor of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes bere, More information on NAICS can be found online. State 2210 State 200 NE 19STH STREET, SUITE 200 to code state of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes to code the limited Liability Company and Name or Title of Contact Person: Contact Title: 200 NE 19STH STREET, 17TH FL					
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 RI CL T. 716-66(7), 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. (466(8-60)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000220360 2. Exact Name of the Limited Liability Company HUB INTERNATIONAL NORTHWEST LLC 3. State of Formation State: WA ARTICLE II 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 INSURANCE BROKERAGE SERVICES 5. Principal Office Address No. and Street: 12100 NE 195TH STREET, SUITE 200 City or Towm: BOTHELL State: WA Zip: 28011 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 300 N. LASALLE STREET, 17TH FLOOR City or Towm: Contact Title: No. and Street: 12 DicAGQ State: 11 Zip: 60654 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address	Si Si			Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with RJ.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 (RJ.G.L. 7- t6-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000220360 2. Exact Name of the Limited Liability Company <u>HUB INTERNATIONAL NORTHWEST LLC</u> 3. State of Formation State: WA ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> , More information on <u>NAICS</u> can be found online. <u>524210</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSURANCE BROKERAGE SERVICES 5. Principal Office Address No. and Street: 12100 NE 195TH STREET, SUITE 200 City or Town: BOTHELL State: WA Zip: <u>98011</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 120 N.L. SALLE STREET, 17TH FLOOR City or Town: CHICAGO 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address <td colspan="5"></td>					
(401) 222-3040 Limited Liability Company Annual Report Filing Period. September 1 - November 1 In accordance with R1 G L. 7-16-66(0.4) each limited liability company failing or refusing to file its annual report with with (20) days after the time prescribed by law (R1 G L . 7- 16-66(0.6)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000220360 2. Exact Name of the Limited Liability Company HUB INTERNATIONAL NORTHWEST LLC 3. State of Formation State: WA 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 INSURANCE BROKERAGE SERVICES 5. Principal Office Address No. and Street: 12100 NE 195TH STREET, SUITE 200 City or Town: BOTHELL Contact Title: No. and Street: 200 N. LASALLE STREET, 17TH FLOOR City or Town: Contact Title: No. and Street: 300 N. LASALLE STREET, 17TH FLOOR City or Town: CHICAGO State: IL zip: 60654 Country: USA Title Individual Name Address <td colspan="5"></td>					
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DO NOT LIST MEMBERS Title Individual Name Address	No. and Street: 300 N. L	ASALLE STREET, 17TH FLO		ountry: <u>USA</u>	
		-	bility Company, if Applicable.		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country	
	8. RESIDENT AGENT IN R	HODE 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 7 Day of November, 2017 at 9:19:44 AM 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 JULIE HUTCHINSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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