



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

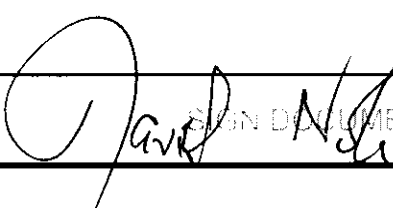
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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2017

2017 NOV 30 AM 10:27

**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<br><b>140515</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>First Trust Insurance Group, LLC</b>                      |                         |                         |                     |
| 3. NAICS Code<br><b>524210</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>insurance brokerage firm</b> |                         |                         |                     |
| 5. State of Formation<br><b>Massachusetts</b>                                                                                                                                                               |       |                                                                                                                |                         |                         |                     |
| 6. Principal Office Address<br><b>10 Cordage Park, Suite 224</b>                                                                                                                                            |       |                                                                                                                | City<br><b>Plymouth</b> | State<br><b>MA</b>      | Zip<br><b>02360</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                |                         |                         |                     |
| Contact Name <b>David J. Nolan</b>                                                                                                                                                                          |       |                                                                                                                | Contact Title           |                         |                     |
| Street Address <b>10 Cordage Park, Suite 224</b>                                                                                                                                                            |       |                                                                                                                | City <b>Plymouth</b>    | State <b>MA</b>         | Zip <b>02360</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                |                         |                         |                     |
| Manager Name <b>none</b>                                                                                                                                                                                    |       |                                                                                                                | Manager Name            |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                | Street Address          |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                            | City                    | State                   | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                                | Manager Name            |                         |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                | Street Address          |                         |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                            | City                    | State                   | Zip                 |
| 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.                                                                   |       |                                                                                                                |                         |                         |                     |
| <b>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.</b> |       |                                                                                                                |                         |                         |                     |
| Name of Authorized Person<br><b>David J. Nolan</b>                                                                                                                                                          |       |                                                                                                                |                         | Date<br><b>10/26/17</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                |                         | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** 

NOV 30 2017

BY Ch 318825

Ch 2402