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

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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	2. Exact name of the Limited Liability Company
140515	**First Trust Insurance Group, LLC**
3. NAICS Code **524210**	4. Brief description of the character of business conducted in Rhode Island
5. State of Formation **Massachusetts**	**insurance brokerage firm**

6. Principal Office Address	City	State	Zip
10 Cordage Park, Suite 224	**Plymouth**	**MA**	**02360**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
David J. Nolan			
Street Address **10 Cordage Park, Suite 224**	City **Plymouth**	State **MA**	Zip **02360**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **none**			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 ☐

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	Date
David J. Nolan	10/26/17
Signature of Authorized Person	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

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NOV 30 2017
BY CR 318825

Ck 2402

FORM 632 - Revised: 08/2016