



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

FILED

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.

DEC 22 2017

BY 320422
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SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC 22 AM 9:57

1. Entity ID Number <u>001666114</u>		2. Exact name of the Limited Liability Company <u>BAM Insurance Services, LLC</u>	
3. NAICS Code <u>524210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Insurance Services</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>671 Shermantown Rd</u>		City <u>Saunderstown</u>	State <u>RI</u> Zip <u>02874</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Barry Eyre</u>		Contact Title <u>President</u>	
Street Address <u>671 Shermantown Rd</u>		City <u>Saunderstown</u>	State <u>RI</u> Zip <u>02874</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
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 <u>Barry Eyre</u>		Date <u>12/18/17</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov