Sta	ate of Rhode Island and Pro Office of the Secreta		<b>NS</b> Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability Compa Annual Report Filing Period: September 1 - I	•		
In accordance with R.I.G.L. 7- to file its annual report within	-16-66(d), each limited liability comp thirty (30) days after the time presc		
16-66(b&c)) is subject to a pe			
<b>1. ID No.</b> 000157181			
2. Exact Name of the Limited Liability Company Stephens Insurance, LLC			
3. State of Formation			
State: <u>AR</u>			
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	d in Rhode Island
INSURANCE			
5. Principal Office Address	;		
	ENTER STREET LE ROCK State:	<u>AR</u> Zip: <u>72201</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>111 CENTER STREET</u>			
City or Town: <u>LITTLE</u>	ROCK State:	<u>AR</u> Zip: <u>72201</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ress
	Einet Middle Leet Outlin		
MANAGER	First, Middle, Last, Suffix KATHY BRYANT		tate, Zip Code, Country ENTER ST

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 23 Day of August, 2018 at 2:48:28 PM 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 <u>KATHY BRYANT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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