



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
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 R.I.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 (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000138144

**2. Exact Name of the Limited Liability Company** AMWINS BROKERAGE OF NEW ENGLAND, LLC

**3. State of Formation**

State: DE

**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**

WHOLESALE INSURANCE BROKERAGE

**5. Principal Office Address**

No. and Street: 308 FARMINGTON AVENUE

City or Town: FARMINGTON

State: CT

Zip: 06032

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 4725 PIEDMONT ROW DRIVE

SUITE 600

City or Town: CHARLOTTE

State: NC

Zip: 28210

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name             | Address                                         |
|---------|-----------------------------|-------------------------------------------------|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | MICHAEL STEVEN DECARLO      | 4725 PIEDMONT ROW DRIVE, SUITE 600              |

|         |                    |                                                               |
|---------|--------------------|---------------------------------------------------------------|
|         |                    | CHARLOTTE, NC 28210 USA                                       |
| MANAGER | SCOTT M. PURVIANCE | 4725 PIEDMONT ROW DRIVE, SUITE 600<br>CHARLOTTE, NC 28210 USA |

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 24 Day of September, 2018 at 10:47:52 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 KELLY LETTMANN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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