



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

Annual Report for the year: **2018**

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.

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SECRETARY OF
CORPORATIONS
2018 OCT -9 AM 10:23

1. Entity ID Number 001662556		2. Exact name of the Limited Liability Company DF Insurance Agency LLC	
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Insurance Agency	
5. State of Formation DE			
6. Principal Office Address 345 St. Peter Street		City Saint Paul	State MN
		Zip 55102	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Wanda Lamb-Lindow		Contact Title Assistant Secretary	
Street Address 345 St. Peter Street, Suite 500		City Saint Paul	State MN
		Zip 55102	
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
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 Wanda J. Lamb-Lindow			Date 10/5/18
Signature of Authorized Person <i>Wanda J. Lamb-Lindow</i>			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
OCT 09 2018
BY *OSAKHD*