



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

FILED

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.

OCT 22 2018
BY 3189
[Signature]

1. Entity ID Number 122656		2. Exact name of the Limited Liability Company Richardson Agency, LLC			
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 72 SOUTH MAIN STREET			City BELLINGHAM	State MA	Zip 02019
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JAMES R. RICHARDSON			Contact Title MEMBER		
Street Address 10 GARY LANE			City OXBRIDGE	State MA	Zip 01569
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 JAMES R. RICHARDSON, MEMBER				Date 10/17/18	
Signature of Authorized Person <i>James Richardson</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