RI SOS Filing Number: 201881452500 Date: 11/16/2018 11:45:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

1. Entity ID Number 000788063	2. Exact na	me of the Limited Generatio	roup, LLC	11:16		
3. NAICS Code 5 2420 5 State of Formation Massachusetts	4 Brief des	4 Brief description of the character of business conducted in Rhode Island Non-resident Insurance Agency				
Principal Office Address A Street, Suite 400 Mailing Address of Limited Liability Company and Name or T			City Boston	State MA	Zip 02210	
Contact Name Lisa Beggs	_iability Compar	ny and Name or T				
			Contact Title Vice President of Finance			
Street Address 241 A Street, Suite 400			City Boston	State MA	Zip 02210	
8. List ALL managers (names Manager Name	and addresses)	of the Limited Lia	ability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
John T. Fees			Menager Name William Suneson			
Street Address 241 A Street, Suite 400			Street Address 241 A Street, Suite 400			
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210	
Manager Name	_ '	<u> </u>	Manager Name			
Street Address	<u> </u>		Street Address			
City	State					
	State	Zîp	City	State	Zip	
Pacidant Agent in Dhada Isl				Check the box to in	ndicate an attachment	
Resident Agent in Rhode Isla	ind. This informat	ion is currently of re	ecord with the Department of S	tole Chuseses		
Under penalty of perjury, I de statements, and that all state	ments contains	n that i have exa ad herein are trui	mined this report, includi e and correct	ing any accompanying	schedules and	
Name of Authorized Person				Date		
Lisa Beggs					11/14/2018	
Signature of Authonzed Person	Per			——·		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:45 F

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BY WAPIMH8

FORM 632 - Revised: 10/2017