

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	2 Exact no	me of the Limite	Links the O		1 2
000788063	2. Exact name of the Limited Liability Company Next Generation Insurance Group, LLC				44
3. NAICS Code 5 2420 5 State of Formation Massachusetts	4 Brief description of the character of business conducted in Rhode Island Non-resident Insurance Agency				
6. Principal Office Address 241 A Street, Suite 400			City Boston	State MA	Zip 02210
7. Mailing Address of Limited L	iability Compar	y and Name or T	itle of Contact Person		
Lisa Beggs			Contact Title Vice President of Finance		
Street Address 241 A Street, Suite 400			City Boston	State MA	Zip 02210
8. List ALL managers (names a	and addresses)	of the Limited Lie	bility Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS
John T. Fees			Manager Name William Suneson		
Street Address 241 A Street, Suite 400			Street Address 241 A Street, Suite 400		
City Boston	State MA	Ziρ 02210	City Boston	State MA	Zip 02210
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to in	dicate an attachment
Resident Agent in Rhode Isla	nd. This informat	ion is currently of re	cord with the Department of S	into China	
Inder penalty of perjury, i dec tatements, and that all stater	iare and amiro	n <i>that i ha</i> vo ovo	minod this somewall at the second	ng any accompanying	schedules and
lame of Authorized Person			and confect	Date	
Lisa Beggs				11/14/2018	
ignature of Authonzed Person	Pen				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov N⁴⁵ FILE

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BY MOPIMHS

FORM 632 - Revised: 10/2017