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

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2019 MAY 23 AM 10: 56

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000109638	Capital City Insurance Agency LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
524210	Insurance Agency			
5. State of Formation				
RI				

6. Principal Office Address	City	State	Zip
870 Atwood Ave	Cranston	RI	02920

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name		Contact Title		
Gregory Ayrassian		Owner		
Street Address 870 Atwood Ave		City Cranston	State RI	Zip 02920

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name			Manager Name		
Gregory Ayrassian					
Street Address 119 Tupelo Hill Dr.			Street Address		
City Cranston	State RI	Zip 02920	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	Date
Gregory Ayrassian	5/23/2019
Signature of Authorized Person	

FILED

MAY 23 2019

BY _____ 005AM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017