



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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 MAY 28 PM 12:56

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Family & Business Insurance, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Connecticut		
3. The date of its organization is: June 12, 2003		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Ashley McCullough		
Street Address (NOT a P.O. Box) 780 Victory Highway		
City/Town West Greenwich	State RHODE ISLAND	Zip Code 02817
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Managing clerical & bookkeeping operations for an Insurance office		
Check the box to indicate an attachment <input type="checkbox"/>		

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

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

350 Main St Suite 4 Durham, CT 06422

8. The mailing address for the limited liability company is:

**350 Main St Suite 4
Durham, CT 06422**

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

Family & Business Insurance, LLC

Date

5-24-2019

Signature of Authorized Person

Michele Rosa member **SIGN DOCUMENT HERE** *Michele Rosa*

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

FAMILY & BUSINESS INSURANCE, LLC

a domestic limited liability company, were filed in this office on June 12, 2003. The following is a list
of all documents filed in this office:

Filing Type: -----	File Date/Time: -----	Effective Date/Time: -----
CERTIFICATE OF ORGANIZATION	June 12, 2003 11:48 AM	
CHANGE OF AGENT FOR SERVICE OF PROCESS	June 24, 2003 08:30 AM	
REPORT (2004)	July 01, 2004 08:30 AM	
REPORT (2005)	June 28, 2005 08:30 AM	
REPORT (2006)	June 26, 2006 08:30 AM	
REPORT (2007)	June 29, 2007 08:30 AM	
REPORT (2008)	August 12, 2008 08:30 AM	
CERTIFICATE OF AMENDMENT	December 01, 2008 08:30 AM	
REPORT (2009)	July 21, 2009 08:30 AM	
REPORT (2010)	July 27, 2010 08:30 AM	
REPORT (2011)	January 16, 2012 04:33 PM	
REPORT (2012)	May 17, 2012 12:00 PM	
REPORT (2013)	February 13, 2014 02:29 PM	
REPORT (2014)	August 29, 2014 11:31 AM	

Office of the Secretary of the State of Connecticut

REPORT (2015)	August 04, 2015 04:51 PM	
REPORT (2016)	July 13, 2016 02:25 PM	
CHANGE OF AGENT FOR SERVICE OF PROCESS	August 10, 2016 08:30 AM	August 10, 2016 08:30 AM
REPORT (2017)	June 12, 2017 02:53 PM	
REPORT (2018)	February 26, 2018 12:23 PM	
REPORT (2019)	March 28, 2019 06:30 PM	

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



Secretary of the State

Date Issued: May 24, 2019



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 28, 2019 12:56 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

