



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000101363

2. Exact Name of the Limited Liability Company Management Compensation Group, Northwest, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

523930

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MARKETING AND SELLING INSURANCE

5. Principal Office Address

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 Country: USA

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

Contact Name: JULIE MEIER Contact Title: LICENSING AND CORPORATE REPORTING

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WESTLEY THOMPSON	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA

MANAGER	ANDRES GRAVES	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	KEVIN KUKAR	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	DAVID SCHUTT	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	JAMES FRIEL	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	LYNN BUTKUS	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	FRANK CAPPuccio	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	TEDDY LEONG	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	KEVIN SEGAL	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	STEVEN SHEARER	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	STEVE TACKITT	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	RANDALL M OCONNOR	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of July, 2019 at 12:35:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KEVIN KUKAR
Signature of Authorized Person

Form No. 632
Revised 09/07