



**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. 001683730

2. Exact Name of the Limited Liability Company LiquidX Insurance Services, 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.

524210

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

NON RESIDENT INSURANCE AGENCY FOR PROFIT

5. Principal Office Address

No. and Street: 285 MADISON AVE, 14TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10017 Country: USA

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

Contact Name: Contact Title:

No. and Street: 285 MADISON AVE, 14TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10017 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	MARK BRAZIER	285 MADISON AVE, 14TH FLOOR NEW YORK, NY 10017 USA
MANAGER	JIM TOFFEY	285 MADISON AVE, 14TH FLOOR

		NEW YORK, NY 10017 USA
MANAGER	ANDREW PHILLIPS	285 MADISON AVE, 14TH FLOOR NEW YORK, NY 10017 USA
MANAGER	MARSHALL EVANS	285 MADISON AVE, 14TH FLOOR NEW YORK, NY 10017 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 6 Day of August, 2019 at 2:47:41 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 JIM TOFFEY
Signature of Authorized Person

Form No. 632
Revised 09/07

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