s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000800910</u>	<u>)</u>		
2. Exact Name of the Li	mited Liability Company <u>TRITON</u>	NATIONAL TITLE AGEN	CY, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		ty. Download
<u>541191</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
TO PROVIDE REAL ES	STATE TITLE AND CLOSING SI	ERVICES	
5. Principal Office Addre	SS		
	ALTIERI WAY ARWICK State: <u>RI</u>	Zip: <u>02886</u> Country	7: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
	<u> T E. POIRIER, JR.</u> Contact Title: <u>MA</u> <u>ALTIERI WAY</u>	ANAGER	
City or Town: W	ARWICK State: <u>RI</u>	Zip: <u>02886</u> Country	r: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix JOHN M. MURPHY SR	Address, City or Town, State, Zip (
WANAGER		2 ALTIERI WA WARWICK, RI 02886 U	
MANAGER	ROBERT E. POIRIER JR	2 ALTIERI WA	4

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

THE LAW OFFICES OF KEVIN B. MURPHY AND ASSOCIATES, LLC <u>2 ALTIERI WAY</u> WARWICK , <u>RI</u> 02886

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

Signed this 30 Day of August, 2019 at 9:47:56 AM 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 B. MURPHY

Signature of Authorized Person

Form No. 632 Revised 09/07

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