s s	tate of Rhode Island and Pro Office of the Secreta		
	Division Of Business		
	148 W. River St Providence RI 0290		
HORE	(401) 222-304		
Limited Liability Com Annual Report	ipany		
Filing Period: September 1 - November 1			
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp	pany 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			
<b>1. ID No.</b> <u>000138144</u>			
<b>2. Exact Name of the Limited Liability Company</b> <u>AMWINS BROKERAGE OF NEW ENGLAND,</u> <u>LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>524210</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island	
WHOLESALE INSURANCE BROKERAGE			
5. Principal Office Addre	SS		
No. and Street: 308 FARMINGTON AVENUE			
City or Town: $\underline{FARMINGTON}$ State: $\underline{CT}$ Zip: $\underline{06032}$ Country: $\underline{USA}$			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact Title:			
No. and Street: 4725 PIEDMONT ROW DRIVE, SUITE 600			
City or Town: CHARLO	DTTE	State: <u>NC</u> Zip: <u>28210</u> Country: <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	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DRIVE, SUITE 600 CHARLOTTE, NC 28210 USA	

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

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

**Signed this 25 Day of September, 2019 at 4:29:29 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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