s and	tate of Rhode Island and Pr Office of the Secret		Fee: \$50.00			
Division Of Business Services						
148 W. River Street						
	Providence RI 02904-2615					
HOPE	(401) 222-30	040				
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. <u>000139172</u>						
2. Exact Name of the Limited Liability Company <u>PARTNERS SPECIALTY GROUP 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 Whic	h is Actually Conducted in Rhoo	te Island			
WHOLESALE INSURANCE BROKERAGE FIRM						
5. Principal Office Addre	SS					
No. and Street: 4725 PIEDMONT ROW DRIVE						
SUITE						
City or Town: <u>CHAR</u>	LOTTE	State: <u>NC</u> Zip: <u>28210</u> Coun	try: <u>USA</u>			
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:				
Contact Name: Contact Title:						
No. and Street: <u>4725 PIEDMONT ROW DRIVE</u> SUITE 600						
		State: <u>NC</u> Zip: <u>28210</u> Coun	itry: <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 Cod	de, Country			
MANAGER	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DRIVE,	SUITE 600			

M		AG	ER
1.61	/	,	

4725 PIEDMONT ROW DRIVE, SUITE 600 CHARLOTTE, NC 28210 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 25 Day of September, 2019 at 4:57:29 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 <u>KELLY LETTMANN</u> Signature of Authorized D

Signature of Authorized Person

Form No. 632 Revised 09/07

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