



**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.** 001672842

**2. Exact Name of the Limited Liability Company** HomeServices Insurance Northeast, LLC

**3. State of Formation**

State: CT

**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**

PROVIDE PERSONAL LINES INSURANCE TO REAL ESTATE CLIENTS

**5. Principal Office Address**

No. and Street: 60 LONG RIDGE ROAD

SUITE 403

City or Town: STAMFORD

State: CT

Zip: 06902

Country: USA

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

Contact Name: ATTN: LEGAL DEPARTMENT Contact Title: HOMESERVICES LEGAL

No. and Street: C/O HOMESERVICES OF AMERICA, INC.  
333 SOUTH 7TH STREET, FL 27 ATTN: LEGAL

City or Town: MINNEAPOLLIS

State: MN Zip: 55402 Country: USA

**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	F JEFFREY CASHMAN	60 LONG RIDGE ROAD, SUITE 403

MANAGER

HOMESERVICES INSURANCE, INC.

STAMFORD, CT 06902 USA

119 14TH STREET NW  
ST. PAUL, MN 55112 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 9 Day of October, 2019 at 3:58:53 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 MICHAEL T. BROWNE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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