



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. 000490554

2. Exact Name of the Limited Liability Company WRIGHT RISK MANAGEMENT COMPANY, 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

THE PURPOSE OF THE COMPANY SHALL BE TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS, PURPOSE OR ACTIVITY PERMITTED UNDER THE ACT.INSURANCE AGENT/BROKER.

5. Principal Office Address

No. and Street: 900 STEWART AVENUE
SUITE 600

City or Town: GARDEN CITY State: NY Zip: 11530 Country: USA

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

Contact Name: Contact Title:

No. and Street: 220 S. RIDGEWOOD AVE.

City or Town: DAYTONA BEACH State: FL Zip: 32114 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 | CHRIS L. WALKER | 701 B STREET, SUITE 2100 SAN DIEGO, CA 92101 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 22 Day of October, 2019 at 10:45:12 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 ROBERT W LLOYD
Signature of Authorized Person

Form No. 632
Revised 09/07

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