



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <i>52448</i>		2. Exact name of the limited liability company Insight Investments, LLC			
3. State of Formation DE <i>532420</i>		4. Brief description of the character of business conducted in Rhode Island Leasing of computer and high technology equipment			
5. Principal office address 611 Anton Blvd Ste 700			City Costa Mesa	State CA	Zip 92626
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Autumn Heseltine			Contact Title VP		
Street Address 611 Anton Blvd Ste 700			City Costa Mesa	State CA	Zip 92626
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name John Ford - CEO			Manager Name Christopher Czaja - CFO		
Street Address 611 Anton Blvd Ste 700			Street Address 611 Anton Blvd Ste 700		
City Costa Mesa	State CA	Zip 92626	City Costa Mesa	State CA	Zip 92626
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 28 2019

BY *[Signature]*

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] *[Signature]* 10/23/2019
 Signature of Authorized Person Date
Autumn Heseltine Autumn Heseltine
 Print or Type Name of Authorized Person