Sta	ate of Rhode Island and Pro Office of the Secreta		PNS Fee: \$50.00		
	Division Of Business	Services			
	148 W. River St				
	Providence RI 0290				
HOPE	(401) 222-304	10			
Limited Liability Comp	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: 2020					
1. ID No. 000508454					
2. Exact Name of the Limited Liability Company American Protection Plans LLC					
3. State of Formation					
State: <u>FL</u>					
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 <u>NAICS</u> can be found online.					
<u>561420</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
PROVIDING HOME WARRANTIES.					
5. Principal Office Address	\$				
No. and Street: 901 Y	AMATO ROAD				
	<u>E 100E</u>				
City or Town: <u>BOCA</u>	A RATON State:]	<u>FL</u> Zip: <u>33431</u>	Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title:					
No. and Street: <u>901 YAMATO ROAD</u>					
	<u>E 100E</u> N RATONI Stato: E		Country LISA		
City or Town: <u>BOCA</u>	A RATON State: <u>F</u>	<u>L</u> Zip: <u>33431</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	٨	Iress		

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	RICHARD KAUFMAN	901 YAMATO ROAD

BOCA RATON, FL 33431 USA

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

NATIONAL REGISTERED AGENTS, INC. 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 27 Day of May, 2020 at 1:27:59 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>RICHARD KAUFMAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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