S	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	treet 04-2615	
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. <u>000508454</u>			
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 <u>here.</u> 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: <u>901 YAMATO ROAD</u> SUITE 100E			
City or Town: $\underline{BOCA RATON}$ State: \underline{FL} Zip: $\underline{33431}$ Country: \underline{USA}			
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> SUITE 100E			
City or Town: BOC	CA RATON State: F	<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	Addre	ess
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country
MANAGER	RICHARD KAUFMAN	901 YAM	ATO 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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