Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
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: 2020 1. ID No. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: Cunited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: Cunited Liability Company, If Applicable. Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: Cunited Liability Company, If Applicable. Contact Name	s s			Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1 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 (R1.G.L. 7- 16-66(b(ks)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: Countery: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.		Division Of Business	Services		
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.6.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with inity (30) days after the time prescribed by law (R1.6.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: Counter; USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: YuASHINGTON Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: YuASHINGTON State: DC Zip: 20006 Country: USA					
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. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: IS25 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
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 folio is 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. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA Contact Title:	HOPE	(401) 222-30	+0		
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-60(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	Annual Report				
1. ID No. 001662872 2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No, and Street: 1825 K ST NW, STE 500 City or Town: City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	to file its annual report with	in thirty (30) days after the time presc			
2. Exact Name of the Limited Liability Company The Risk Cooperative, 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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	ANNUAL REPORT YEAR:	<u>2020</u>			
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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS </td <td>1. ID No. <u>00166287</u>2</td> <td>2</td> <td></td> <td></td>	1. ID No. <u>00166287</u> 2	2			
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 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island NON-RESIDENT INSURANCE AGENCY 5 Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	2. Exact Name of the Limited Liability Company The Risk Cooperative, LLC				
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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	3. State of Formation				
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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	State: <u>DE</u>				
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 NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Contact Title: No. and Street: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC zip: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC No. and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name		ARTICLE III			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name					
NON-RESIDENT INSURANCE AGENCY 5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: Xate: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	<u>524210</u>				
5. Principal Office Address No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA	4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island	
No. and Street: 1825 K ST NW, STE 500 WASHINGTON State: DC Zip: 20006 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 WASHINGTON State: DC Zip: 20006 Country: USA Contact Name: Contact Title: State: DC Zip: 20006 Country: USA No. and Street: 1825 K ST NW, STE 500 WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	NON-RESIDENT INSU	URANCE AGENCY			
City or Town:WASHINGTONState: DCZip:20006Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:1825 K ST NW, STE 500City or Town:WASHINGTONState:DCZip:20006Country:USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	5. Principal Office Addre	ess			
City or Town:WASHINGTONState: DCZip:20006Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:1825 K ST NW, STE 500City or Town:WASHINGTONState:DCZip:20006Country:USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	No and Street: 1825	5 K ST NW STF 500			
Contact Name: Contact Title: No. and Street: 1825 K ST NW, STE 500 City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address			: <u>DC</u> Zip: <u>20006</u> Cor	untry: <u>USA</u>	
No. and Street: City or Town: 1825 K ST NW, STE 500 WASHINGTON State: DC zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person	:	
City or Town: WASHINGTON State: DC Zip: 20006 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	Contact Name: Contact	Title:			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	No. and Street: 1825	<u>K ST NW, STE 500</u>			
DO NOT LIST MEMBERS Title Individual Name Address	City or Town: WAS	HINGTON State	: <u>DC</u> Zip: <u>20006</u> Co	untry: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State, Zi	o Code, Country	
	8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of July, 2020 at 5:04:38 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 ANDRES FRANZETTI

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2020 State of Rhode Island and Providence Plantations All Rights Reserved