	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Co Annual Report Filing Period: Septembe			
o file its annual report w	G.L. 7-16-66(d), each limited liability comp vithin thirty (30) days after the time presc c a penalty fee of \$25.00.		
ANNUAL REPORT YE	<b>AR</b> : <u>2020</u>		
1. ID No. <u>001682</u>	101		
2. Exact Name of the	Elimited Liability Company Lavalier	Insurance Services, L	LC
3. State of Formatior	n		
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAIC	S Code that best describes the primary	husiness conducted h	w the entity Download
5	CS Code that best describes the primary More information on <u>NAICS</u> can be found		y the entity. Download
the list of codes <u>here.</u> N		online.	
the list of codes <u>here.</u> N	More information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> N <u>524210</u> 4. Brief Description of	More information on <u>NAICS</u> can be found f the Character of the Business Which	online.	
the list of codes <u>here.</u> N <u>524210</u> 4. Brief Description of <u>INSURANCE AGEN</u> 5. Principal Office Ad No. and Street: <u>7</u>	More information on <u>NAICS</u> can be found f the Character of the Business Which	online.	
the list of codes <u>here.</u> N <u>524210</u> <b>4. Brief Description of</b> <u>INSURANCE AGEN</u> <b>5. Principal Office Ad</b> No. and Street: <u>7</u> City or Town: <u>N</u>	More information on <u>NAICS</u> can be found f the Character of the Business Which <u>NCY</u> dress	online. <b>is Actually Conduct</b>	ted in Rhode Island Country: <u>USA</u>
the list of codes <u>here.</u> N <u>524210</u> 4. Brief Description of <u>INSURANCE AGEN</u> 5. Principal Office Ad No. and Street: <u>7</u> City or Town: <u>N</u> 6. Mailing Address of Contact Name: Contact No. and Street: <u>7</u>	More information on NAICS can be found   f the Character of the Business Which   VCY   dress   757 THIRD AVENUE   NEW YORK   State: N   f Limited Liability Company and Name   act Title:   57 THIRD AVENUE	is Actually Conduct	ted in Rhode Island Country: <u>USA</u> Person:
the list of codes <u>here.</u> N <u>524210</u> 4. Brief Description of <u>INSURANCE AGEN</u> 5. Principal Office Add No. and Street: 7 City or Town: 1  6. Mailing Address of Contact Name: Contact No. and Street: 7	More information on NAICS can be found   f the Character of the Business Which <u>NCY</u> dress   757 THIRD AVENUE <u>NEW YORK</u> State: <u>N</u> f Limited Liability Company and Name   act Title:	is Actually Conduct	ted in Rhode Island Country: <u>USA</u>
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the list of codes here. N <u>524210</u> 4. Brief Description of <u>INSURANCE AGEN</u> 5. Principal Office Add No. and Street: 7 City or Town: <u>N</u> 6. Mailing Address of Contact Name: Contact No. and Street: 7 City or Town: <u>N</u> 7. Name and Address	More information on NAICS can be found   f the Character of the Business Which   NCY   dress   757 THIRD AVENUE   NEW YORK   State: N   f Limited Liability Company and Name   act Title:   57 THIRD AVENUE   127 THIRD AVENUE   128 EW YORK   57 THIRD AVENUE   129 EW YORK   57 THIRD AVENUE   120 EW YORK   57 THIRD AVENUE   120 EW YORK   50 F Each Manager of the Limited Liability	I is Actually Conduct         IY       Zip: 10017         or Title of Contact I         IY       Zip: 10017         IIY       Zip: 10017	ted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

## 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 27 Day of August, 2020 at 1:32:59 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 FERNANDO LOPEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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