	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
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>001338581</u>			
2. Exact Name of the Limited Liability Company <u>RYAN SPECIALTY GROUP SERVICES, LLC</u>			
3. State of Formation			
State: <u>DE</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>541613</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PAYROLL VEHICLE FOR AFFILIATES			
5. Principal Office Address			
No. and Street: 180 N. STETSON AVENUE, SUITE 4600			
City or Town: CHICAGO State: IL Zip: 60601 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>180 N. STETSON AVENUE, SUITE 4600</u>			
City or Town: CHICAGO   State: IL   Zip: 60601   Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	s
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country
MANAGER	RYAN SPECIALTY GROUP, LLC	180 N. STETSON AV CHICAGO. IL 600	

8. RESIDENT AGENT IN 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 3 Day of September, 2020 at 11:31:26 AM 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>IAN N. ACKERMAN, SECRETARY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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