RI SOS Filing Number: 202051777210 Date: 9/3/2020 1:20:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 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.** 000487760

- 2. Exact Name of the Limited Liability Company INTACT SERVICES USA 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.

551112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

### SPECIALTY BUSINESS SERVICE

#### 5. Principal Office Address

No. and Street: 605 HIGHWAY 169 NORTH

**SUITE 800** 

City or Town: PLYMOUTH State: MN Zip: 55441 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 605 HIGHWAY 169 NORTH

SUITE 800

City or Town: PLYMOUTH State: MN Zip: 55441 Country: USA

# 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	T. MICHAEL MILLER	605 HIGHWAY 169 NORTH, STE. 800

		PLYMOUTH, MN 55441 USA
MANAGER	JOHN C. TREACY	605 HIGHWAY 169 NORTH, STE 800 PLYMOUTH, MN 55441 USA

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

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 1:22:28 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 **KERRI RIECHERS**

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved