



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2020 SEP 18 PM 12:00
RI DEPT OF STATE
BUS SVCS DIV

| | | | | | |
|---|-------------|--|--------------------------|-------------------|--------------|
| 1. Entity ID Number 001676507 | | 2. Exact name of the Limited Liability Company ECC Insurance Brokers, LLC | | | |
| 3. NAICS Code 524210 | | 4. Brief description of the character of business conducted in Rhode Island To engage in all lines of insurance-related business as an insurance agent/broker | | | |
| 5. State of Formation Illinois | | | | | |
| 6. Principal Office Address One Tower Lane, Suite 2850 | | | City Oakbrook Terrace | State IL | Zip 60181 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | | Contact Title | | |
| Street Address 220 South Ridgewood Avenue | | | City Daytona Beach | State FL | Zip 32114 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Anthony L. Strianese | | | Manager Name | | |
| Street Address One Tower Lane, Suite 2850 | | | Street Address | | |
| City Oakbrook Terrac | State IL | Zip 60181 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Person Robert W. Lloyd VP & Secretary | | | | Date 9/17/2020 | |
| Signature of Authorized Person <i>Robert W. Lloyd</i> | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 18 2020

BY GM732

A.A. 12:01pm

FORM 632 - Revised: 08/2020