State of Rhode Island Office of the Secretary of State Ere: \$30.00 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (d1) 222-3040 Eventorial Street Street Providence RI 02904-2615 (d1) 222-3040 LIMIEE Liability Company Annual Report Within third (30) days after the time prescribed by law (RI.IG.L. 7- 1466(86.0)) is subject to a panelly fee of \$25.00. ANNUAL REPORT VEA: 2020 ANNUAL REPORT VEA: 2020 1. ID No. 001018611 2 State: FL ARTICLE II State: FL ARTICLE II 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. 524298 ARTICLE II INSURANCE SERVICES State: FL State: EL State: FL State: FL State: FL						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 Initial colspansion				e	Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Peliod: 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&d)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001018611 2. Exact Name of the Limited Liability Company ORCHID UNDERWRITERS AGENCY, LLC 3. State of Formation State: EL 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. 524298 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSURANCE SERVICES 5. Principal Office Address No. and Street: 1201 197H PLACE, SUITE A110 City or Town: Yero BEACH State: FL zip: 32960 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: No. and Street: 1201 197H PLACE, SUITE A110 City or Town: Yero BEACH State: FL zip: 32960 Country: USA						
(401) 222-3040 Limited Liability Company 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 with NUr (20) days after the time prescribed by law (R1 G L 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001018611 2. Exact Name of the Limited Liability Company ORCHID UNDERWRITERS AGENCY, LLC 3. State of Formation State: FL 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. 524298 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INSURANCE SERVICES 5. Principal Office Address No. and Street: 1201 197TH PLACE, SUITE A110 City or Town: VERO BEACH State: FL Zip: 32960 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1201 197TH PLACE, SUITE A110 City or Town: VERO BEACH State: FL Zip: 32960 Country: USA 6. Mailing Address of Limited Liability Company and Name or T						
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name		Address	5	
		First, Middle, Last, Suffix	Address, 0	City or Town, State	, Zip 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 23 Day of September, 2020 at 5:06:38 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 <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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