|   | State of Rhode<br>Office of the Secreta        |                                  | Fee: \$50.00        |
|---|--|----------------------------------|---------------------|
| Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040  |  |                                  |                     |
| Limited Liability Company<br>Annual Report<br>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>000796912</u>  |  |                                  |                     |
| 2. Exact Name of the Limited Liability Company OCEAN STATE INSURANCE GROUP, LLC   |  |                                  |                     |
| 3. State of Formation   |  |                                  |                     |
| State: <u>RI</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>524210</u>   |  |                                  |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |  |                                  |                     |
| INSURANCE AGENCY - SALES  |  |                                  |                     |
| 5. Principal Office Address   |  |                                  |                     |
| No. and Street: <u>2424 WEST SHORE ROAD</u><br><u>UNIT C</u>  |  |                                  |                     |
| City or Town: WAR   | <u>WICK</u> St                                 | ate: <u>RI</u> Zip: <u>02889</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |  |                                  |                     |
| Contact Name: Contact Title:   No. and Street: <u>14 WEETAMORE LANE</u> City or Town: <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u>  |  |                                  |                     |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |  |                                  |                     |
| Title   | Individual Name<br>First, Middle, Last, Suffix | Address, City or Town, St        |                     |

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

PAUL ST LAURENT 14 WEETAMOE LN PORTSMOUTH, RI 02871

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 9 Day of October, 2020 at 11:18:12 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>PAUL ST LAURENT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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