



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. 000793349

2. Exact Name of the Limited Liability Company F.B.P. INSURANCE SERVICES, LLC

3. State of Formation

State: CA

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.

621999

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

EMPLOYEE BENEFIT CONSULTING AND THE SALES AND SERVICE OF HEALTH CARE RELATED PRODUCTS.

5. Principal Office Address

No. and Street: 130 THEORY, SUITE 200
City or Town: IRVINE State: CA Zip: 92617 Country: USA

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

Contact Name: Contact Title:
No. and Street: C/O KATRINA D RAMEY
200 WEST SECOND STREET, 3RD FLOOR
City or Town: WINSTON-SALEM State: NC Zip: 27101 Country: USA

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

Table with 3 columns: Title, Individual Name, Address. Includes instructions for what to list in each column.

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE ,  
RI 02914

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

**Signed this 16 Day of October, 2020 at 3:20:45 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 MANDY HENDRICKS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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