	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S Providence RI 029		
HOPE	(401) 222-30		
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. <u>001666931</u>			
2. Exact Name of the Limited Liability Company <u>ARMADA ADMINISTRATORS LLC</u>			
3. State of Formation			
State: MD			
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			
NON RESIDENT INSURANCE AGENCY			
5. Principal Office Address			
No. and Street: <u>230 SCHILLING CIRCLE</u> <u>SUITE 140</u>			
City or Town: <u>HUN</u>	<u>T VALLEY</u> Stat	e: <u>MD</u> Zip: <u>21031</u> Cour	ntry: <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>230 SCHILLING CIRCLE</u> SUITE 140			
		: <u>MD</u> Zip: <u>21031</u> Cour	ntry: <u>USA</u>
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 C	Code, Country

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

**Signed this 27 Day of October, 2020 at 12:27:40 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>EDWARD H WALKER III</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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