	State of R Office of the Se	hode Island ecretary of S	State	Fee: \$50.00
		usiness Service	S	
		River Street		
		RI 02904-2615		
HOPE	(401) 2	22-3040		
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. to file its annual report withi	7-16-66(d), each limited liabili in thirty (30) days after the time			
16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2020				
1. ID No. <u>001658670</u>				
2. Exact Name of the Limited Liability Company <u>NEXT LEVEL ADMINISTRATORS, LLC</u>				
3. State of Formation				
State: <u>FL</u>				
-	Code that best describes the p e information on <u>NAICS</u> can be	•	s conducted by t	he entity. Download
	e Character of the Business	Which is Actu	ally Conducted	t in Rhode Island
	c ondiacter of the Business			
THIRD PARTY ADMINISTRATOR FOR INSURANCE CLAIMS				
5. Principal Office Addre	SS			
	<u>6TH AVENUE WEST</u> DENTON	State: <u>FL</u>	Zip: <u>34205</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and	d Name or Title	e of Contact Pe	rson:
Contact Name: Contact	Title:			
	6TH AVENUE WEST			
City or Town: BRAD	DENTON	State: <u>FL</u>	Zip: <u>34205</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addr	ess
	First, Middle, Last, Suffix	Addre	ess, City or Town, St	ate, Zip 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 2:51:41 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 STEVEN F. HERRIG

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved