	State of Rhode		Fee: \$50.00
	Office of the Secreta	ry of State	
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
HODE	(401) 222-304	40	
HUPLY	~ /		
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. 001662671			
1. ID NO: 001002071			
2. Exact Name of the Limited Liability Company TrueRisk Advisors, LLC			
3. State of Formation			
State: TV			
State: TX			
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.			
<u>524210</u>			
A Brief Description of the Character of the Business Which is Actually Conducted in Bhode Island			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
RETAIL INSURANCE AGENCY			
5. Principal Office Address			
No. and Streat 14121 MIDWAY BOAD			
	<u>31 MIDWAY ROAD</u>		
SUITE 520City or Town:ADDISONState: TXZip: 75001Country: USA			
City or Town: <u>ADI</u>	<u>JISON</u> State	<u>TX</u> Zip: <u>75001</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	1 MIDWAY ROAD		
	E 520		
City or Town: <u>ADD</u>	ISON State:	<u>TX</u> Zip: <u>75001</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	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER	TRUERISK HOLDINGS LLC	14131 MIDWA	Y ROAD SUITE 520

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 3:07:43 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 BRYAN ALLEN WILBURN

Signature of Authorized Person

Form No. 632 Revised 09/07

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