	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 029	treet	
HOPE	(401) 222-30		
Limited Liability Com	ipany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00168337</u>	<u>8</u>		
2. Exact Name of the Limited Liability Company Adams Agency 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 th	e Character of the Business Whicl	n is Actually Conducted in	Rhode Island
INSURANCE OFFICE			
5. Principal Office Addre	SS		
	<u>OUTH COUNTY TRAIL</u> E A102		
City or Town: <u>EXET</u>		State: <u>RI</u> Zip: <u>02822</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	DAMS Contact Title:		
	<u>OUTH COUNTY TRAIL E A102</u>		
City or Town: <u>EXET</u>	<u>ER</u> Si	ate: <u>RI</u> Zip: <u>02822</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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	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

EARL ADAMS 400 SOUTH COUNTY TRAIL, SUITE A102 EXETER , RI 02822

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

Signed this 30 Day of October, 2020 at 11:25:43 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>EARL ADAMS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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