State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period. January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 MAR -1 P 3:02

1. Entity ID Number	2. Exact name of the Corporation
000088257	LPL Insurance Associates, Inc.

3. Principal Office Address	City	State	Zip
75 STATE STREET, 22ND FLOOR	BOSTON	MA	02109

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	to engage in the business of the distribution of insurance and financial services
5. State of Incorporation	
DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: See Attached	Vice-President Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: See Attached	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	Authorized 1,000	Common	0.00
	Outstanding 10		

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Haether Paarlberg	2/26/2021
Signature of Authorized Representative: Heather Paarlberg	FILED C

MAR 01 2021
BY OVWAJ
3:02

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020

88257

LPL INSURANCE ASSOCIATES, INC.

Officers:	Jason Crawford, President Christopher M. Mitchell, Treasurer Michelle Oroschakoff, Vice President Maisha Mahone, Vice President, Insurance Operations Deanna Moss, Assistant Vice President, Internal Consulting Gregory M. Woods, Secretary Robert S. Hatfield III, Assistant Secretary Katherine Ring, Compliance Officer Paul Ryan, Assistant Treasurer
Directors:	J. Andrew Kalbaugh Robert Pettman, Chair

Address for all 75 STATE STREET, 22ND FLOOR BOSTON, MA 02109