



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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: 2021

1. ID No. 001691592

2. Exact Name of the Limited Liability Company Cochrane & Porter Insurance Agency, LLC

3. State of Formation

State: MA

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.

524210

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NON-RESIDENT INSURANCE AGENCY FOR PROFIT

5. Principal Office Address

No. and Street: 2 PARK CENTRAL DR, SUITE 300

City or Town: SOUTHBOROUGH

State: MA Zip: 01772 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: BILL LAGRAM Contact Title: BUSINESS CONTACT

No. and Street: 2 PARK CENTRAL DR, SUITE 300

City or Town: SOUTHBOROUGH

State: MA Zip: 01772 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANDY JENN	2 PARK CENTRAL DR, SUITE 300 SOUTHBOROUGH, MA 01772 USA
MANAGER	KEVIN CALLAHAN	2 PARK CENTRAL DR, SUITE 300

		SOUTHBOROUGH, MA 01772 USA
MANAGER	ROBERT BONDI	2 PARK CENTRAL DR, SUITE 300 SOUTHBOROUGH, MA 01772 USA
MANAGER	MARCEL SKIDMORE	2 PARK CENTRAL DR, SUITE 300 SOUTHBOROUGH, MA 01772 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 9 Day of August, 2021 at 10:57:28 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 ROBERT BONDI
Signature of Authorized Person

Form No. 632
Revised 09/07

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