	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222, 20	treet )4-2615	
(401) 222-3040			
Limited Liability Com Annual Report Filing Period: September 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. <u>001056013</u>			
2. Exact Name of the Limited Liability Company <u>Equify Risk Services, LLC</u>			
3. State of Formation			
State: <u>TX</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 the Character of the Business Which is Actually Conducted in Rhode Island			
NON-RESIDENT INSU	JRANCE AGENCY		
5. Principal Office Addre	SS		
	AIN STREET, SUITE 3900		
City or Town: FORT	<u>WORTH</u>	State: <u>TX</u> Zip: <u>76102</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>TAMARA HOIBY</u> Contact Title: <u>OPERATIONS MANAGER</u> No. and Street: <u>777 MAIN STREET, SUITE 3900</u>			
City or Town: FORT	<u>WORTH</u>	State: <u>TX</u> Zip: <u>76102</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	Addres	
L	First, Middle, Last, Suffix	Address, City or Town, Stat	e, 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 9 Day of August, 2021 at 12:03:28 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 PATRICK HOIBY

Signature of Authorized Person

Form No. 632 Revised 09/07

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