



**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.** 001684986

**2. Exact Name of the Limited Liability Company** MEDPRO INSURANCE SERVICES, LLC

**3. State of Formation**

State: IN

**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.

524298

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

PLACEMENT OF PROFESSIONAL LIABILITY INSURANCE FOR HEALTHCARE  
PROFESSIONALS

**5. Principal Office Address**

No. and Street: 5814 REED ROAD

City or Town: FORT WAYNE State: IN Zip: 46835 Country: USA

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

Contact Name: ALICIA HECKLEY Contact Title: ACCOUNTANT

No. and Street: 5814 REED ROAD

City or Town: FORT WAYNE State: IN Zip: 46835 Country: USA

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

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | TIMOTHY KENESEY                                | 5814 REED ROAD<br>FORT WAYNE, IN 46835 USA                 |

MANAGER

ANTHONY BOWSER

5814 REED ROAD  
FORT WAYNE, IN 46835 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 12 Day of August, 2021 at 10:37:01 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 ALICIA HECKLEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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