



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

SEP 2 2021

BY 77818

Annual Report for the year: 2021

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>424355</b>		2. Exact name of the Limited Liability Company <b>DCB Insurance LLC</b>			
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>Holding company for offshore captive.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>505 Narragansett Park Drive</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Robert M. Bolton</b>		Contact Title <b>Operating Manager</b>			
Street Address <b>505 Narragansett Park Drive</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Robert M. Bolton</b>		Manager Name			
Street Address <b>505 Narragansett Park Drive</b>		Street Address			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>Robert M. Bolton</b>				Date <b>8-16-2021</b>	
Signature of Authorized Person 					

**MAIL TO:**  
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