



State of Rhode Island

Department of State - Business Services Division

FILED**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.

SEP 22 2021
BY 513
[Signature]

1. Entity ID Number 001699877		2. Exact name of the Limited Liability Company AMG INSURANCE GROUP LLC			
3. NAICS Code 52421		4. Brief description of the character of business conducted in Rhode Island To own and operate an insurance agency and do all things incidental thereto.			
5. State of Formation RI					
6. Principal Office Address 63 Sockanosset Crossroad Suite 2A			City Cranston	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tania lalongo			Contact Title Member		
Street Address 63 Sockanosset Crossroad, Suite 2 A			City Cranston	State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Tania lalongo				Date 9-19-21	
Signature of Authorized Person <u>Tania A. lalongo</u>					

MAIL TO:**Division of Business Services**

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