



**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.** 001661979

**2. Exact Name of the Limited Liability Company** RTN 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**

PERSONAL AND BUSINESS INSURANCE BROKERAGE FIRM

**5. Principal Office Address**

No. and Street: 600 MAIN STREET  
City or Town: WALTHAM State: MA Zip: 02452 Country: USA

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

Contact Name: JOSEPH CONNORS Contact Title: TREASURER  
No. and Street: 600 MAIN STREET  
City or Town: WALTHAM State: MA Zip: 02452 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	RICHARD E. WRIGHT	600 MAIN STREET WALTHAM, MA 02452 USA
MANAGER	DENYSE NICOLE JAMES	600 MAIN ST

		WALTHAM, MA 02452 US
MANAGER	JOSEPH FRANCIS CONNORS	600 MAIN ST WALTHAM, MA 02452 US
MANAGER	ARTHUR R OSBORN II	600 MAIN ST WALTHAM, MA 02452 USA

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

LYNDA L. LAING, ESQ. C/O STRAUSS, FACTOR, LAING AND LYONS 1 DAVOL SQUARE, SUITE 305  
PROVIDENCE , RI 02903

**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 October, 2021 at 3:55:24 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 JOSEPH CONNORS  
Signature of Authorized Person

Form No. 632  
Revised 09/07