



State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

BY

[Handwritten signature]

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 1332534		2. Exact name of the Limited Liability Company Brook Insurance Associates LLC					
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Insurance policy sales					
5. State of Formation Rhode Island							
6. Principal Office Address 1935 Elmwood Ave				City Warwick	State RI	Zip 02888	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Christopher Brook				Contact Title member			
Street Address PO Box 8977				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 Christopher Brook					Date 11/2/21		
Signature of Authorized Person <i>[Handwritten Signature]</i>							

MAIL TO:
 Division of Business Services
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