	E \$50.00
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: February 1 - May 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: 2023	
1. ID No. <u>000242320</u>	
2. Exact Name of the Limited Liability Company <u>BLOOM INSURANCE AGENCY, L.L.C.</u>	
3. State of Formation	
State: <u>IN</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>524210</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
TELEPHONIC INSURANCE ENROLLMENTS	
5. Principal Office Address	
No. and Street: <u>1331 S CURRY PIKE</u>	
	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Pers	on:
Contact Name: LICENSING ADMINISTRATION DEPT Contact Title:	
No. and Street: <u>1331 S CURRY PIKE</u>	
City or Town: <u>BLOOMINGTON</u> State: <u>IN</u> Zip: <u>47403</u> Cou	untry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A	

EAST PROVIDENCE , RI 02914

## 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of March, 2023 at 1:59:24 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 <u>MEREDITH ROGERS</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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