State of Rhode Island Fee: \$50.00
Office of the Secretary of State Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222 2040
(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>001728247</u>
2. Exact Name of the Limited Liability Company Securent Risk and Insurance Services, LLC
3. State of Formation
State: <u>DE</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
NON-RESIDENT INSURANCE AGENCY FOR PROFIT
5. Principal Office Address
No. and Street: <u>3411 SILVERSIDE ROAD TATNALL</u> BUILDING STE 104
City or Town: WILMINGTON State: DE Zip: 19801 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title: No. and Street: 24311 CASCADE DRIVE
No. and Street:24311 CASCADE DRIVECity or Town:LAGUNA NIGUELState: CAZip: 92677Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET #700 PROVIDENCE , RI 02903

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

Signed this 13 Day of April, 2023 at 10:05:29 AM 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 JUSTIN VEDDER

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved