l	
	State of Rhode Island Fee: \$50.00 Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
1(2)	Providence RI 02904-2615
1630	(401) 222-3040
Limited Liability	Company
Annual Report Filing Period: Febru	ary 1 - May 1
	R.I.G.L. 7-16-66(d), each limited liability company failing or
	nnual report within thirty (30) days after the time prescribed by 66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT	YEAR - ENTER THE CURRENT FILING YEAR 2023 : 2023
1. ID No. <u>0017</u> 2	29909
2. Exact Name of the Limited Liability Company Kalepa Insurance Services, LLC	
3. State of Format	tion
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 Descriptio Island	n of the Character of the Business Which is Actually Conducted in Rhode
TO SELL, SOLIC	CIT, AND NEGOTIATE INSURANCE IN RETURN FOR COMPENSATION.
5. Principal Office	Address
No. and Street:	1000 N WEST STREET
	<u>SUITE 1200</u>
City or Town:	WILMINGTONState: DEZip: 19801Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: C	ontact Title:
No. and Street:	1000 N WEST ST
City or Town:	<u>SUITE 1200</u> <u>WILMINGTON</u> State: <u>DE</u> Zip: <u>19801</u> Country: <u>USA</u>
1	

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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

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

Signed this 27 Day of April, 2023 at 1:33:50 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 DANIEL HILLMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved