| 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 | |
| 1636 (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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u> | |
| 1. ID No. <u>001690244</u> | |
| 2. Exact Name of the Limited Liability Company Coterie Insurance Agency, 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. 524210 | |
| <u>524210</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | |
| TO SELL, SOLICIT, AND NEGOTIATE INSURANCE FOR COMPENSATION | |
| 5. Principal Office Address | |
| No. and Street: <u>4455 CARVER WOODS DRIVE</u> SUITE 100 | |
| City or Town: <u>CINCINNATI</u> State: <u>OH</u> Zip: <u>45242</u> Cou | ntry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: Contact Title: | |
| No. and Street: P.O. BOX 8327 | 110.4 |
| City or Town: <u>CINCINNATI</u> State: <u>OH</u> Zip: <u>45208</u> Country | /: <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 | |

 $\underline{\text{CORPORATION SERVICE COMPANY}}_{222 \text{ JEFFERSON BOULEVARD, SUITE 200}} \underline{\text{WARWICK}}, \underline{\text{RI}}_{02888}$

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

Signed this 1 Day of May, 2023 at 12:11:32 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 KEVIN MACKEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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