



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Limited Liability Company**

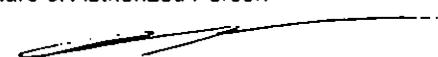
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

MAY 18 2023

BY

*1740 DS*

|  |  |  |                    |                       |  |
|--|--|--|--------------------|-----------------------|--|
| 1. Entity ID Number<br><b>993527</b>   |  | 2. Exact name of the Limited Liability Company<br><b>AGOSTINI HOLDING CO., LLC</b>   |                    |                       |  |
| 3. NAICS Code<br><b>524210</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>HOLDING COMPANY FOR INSURANCE POLICIES</b> |                    |                       |  |
| 5. State of Formation<br><b>RI</b>   |  |  |                    |                       |  |
| 6. Principal Office Address<br><b>243 NARRAGANSETT PARK DRIVE</b>  |  | City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02916</b>   |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                    |                       |  |
| Contact Name<br><b>ALLISON ROCK, ESQ.</b>  |  | Contact Title<br><b>MANAGER</b>  |                    |                       |  |
| Street Address<br><b>1445 WAMPANOAG TR, #115</b>   |  | City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>   |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                    |                       |  |
| 9. <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<br><b>ALLISON ROCK, ESQ</b>  |  |  |                    | Date<br><b>5/9/23</b> |  |
| Signature of Authorized Person<br>  |  |  |                    |                       |  |

**MAIL TO:**

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