

State of Rhode Island

Department of State - Business Services Division

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

2022

RECEIVED R.L. DEPT. OF STATE BUS SYCS DIV

2023 HAY 18 A 9: 28

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

	A =	lod Liability Company		
Entity ID Number	2. Exact name of the Limited Liability Company			
000 79 3941	SEAL Ruck SSCOOTHY Insurance GROUP LLC			
3. NAICS Code	A Prior description of the character of business conducted in Rhode Island			
5. State of Formation	Insurance agency Brokerage			
RI SULVICED				
6. Principal Office Address		City	State	Zip
ZII CARROLL	Avenue	NEWPIRT	RI	02840
		or Title of Contact Person		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title				
Richard B. Cursin		MANDSINS Member.		
Street Address ZII (ARRULL		City NEWPIRT	State RI	28 40
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filling Form 642.				
9. 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.				
Name of Authorized Person RicHARD B. Carisin			5-9-23	
Signature of Authorized Person				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED