	State of Rh Office of the Se		.00
	Division Of Bu	siness Services	
	148 W. Ri		_
1636	Providence R		_
.030	(401) 22	22-3040	
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 CURRENT YEAR 2024 : <u>2024</u>			
1. ID No. <u>000156512</u>			
2. Exact Name of the Limited Liability Company <u>MAXIMUM INDEPENDENT BROKERAGE</u> , <u>LLC</u>			
3. State of Form	nation		
State: <u>IL</u>			
NAICS CODE			
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.			
000156512			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
WHOLESALE	INSURANCE BROKER		
5. Principal Off	ice Address		
No. and Street:	222 SOUTH RIVERSIDEE PLAZ SUITE 2340	ZA	
City or Town:	CHICAGO	State: IL Zip: 60606 Country: USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	JOANNE KEHOE Contact Title: MA		
City or Town:	<u>SUITE 2340</u> <u>CHICAGO</u>	State: IL Zip: 60606 Country: USA	<u> </u>

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 16 Day of January, 2024 at 9:43:03 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 JOSEPH MESSINA

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved