



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

**Annual Report for the year:** 2020  
**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.

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|--|--|--|--------------------|
| 1. Entity ID Number<br><b>001702121</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Diamond Home Protection LLC</b>   |                    |
| 3. NAICS Code<br><b>561499</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Administrator obligor of service contracts</b> |                    |
| 5. State of Formation<br><b>IL</b>   |  |  |                    |
| 6. Principal Office Address<br><b>109 E. 1st Street</b>  |  | City<br><b>O'Fallon</b>  | State<br><b>IL</b> |
|  |  | Zip<br><b>62269</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                    |
| Contact Name<br><b>Brent Kreke</b>   |  | Contact Title<br><b>President</b>  |                    |
| Street Address<br><b>109 E. 1st Street</b>   |  | City<br><b>O'Fallon</b>  | State<br><b>IL</b> |
|  |  | Zip<br><b>62269</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>Brent Kreke</b>  |  | Date<br><b>02/09/2024</b>  |                    |
| Signature of Authorized Person<br>  |  |  |                    |

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BY

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**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)