

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 **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.

1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
00791444	Financial Transition	Financial Transitions Group, LLC			
3. NAICS Code 523930	Brief description of the character of business conducted in Rhode Island Financial services and insurance production and all lawful ancillary services				
5. State of Formation Rhode Island	related thereto.	related thereto.			
6. Principal Office Address	<u> </u>	City	State	Zip	
1240 Pawtucket Avenue, 2nd floor		East Providence	RI	02914	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name Robin Hofheinz		Contact Title Member			
Street Address 1240 Pawtucket Ave, 2nd floor		City East Providence	State RI	^{Z_{IP}} 02914	
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accurate.	Changes require	e filing Form 642.	
	r, I declare and affirm that I have atements contained herein are	e examined this report, including a	any accompany	ing schedules and	
Name of Authorized Person			Date		
Financial Transitions	Group, LLC by to Mo	away George J. Lough, II	03/00	12024	
Signature of Authorized Pers	mondey for Limits	ed Liability Compan	<u>4</u> _	•	

MAIL TO:

Division of Business Services

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

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