|  | State of Rhode Island<br>Office of the Secretary of State   | Fee: \$50.00   |
|--|---|----------------|
|  | Division Of Business Services   |                |
|  | 148 W. River Street   |                |
| 1636   | Providence RI 02904-2615  |                |
|  | (401) 222-3040  |                |
| Limited Liability  | Company   |                |
| Filing Period: Febru   | uary 1 - May 1  |                |
| refusing to file its a   | R.I.G.L. 7-16-66(d), each limited liability company failing or<br>nnual report within thirty (30) days after the time prescribed by<br>66(b&c)) is subject to a penalty fee of \$25.00. |                |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024   |   |                |
| 1. ID No. <u>0017</u>  | 56026   |                |
| 2. Exact Name of the Limited Liability Company <u>TN ICX, L.C.</u>   |   |                |
| 3. State of Format   | tion  |                |
| State: <u>IA</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. |   |                |
| <u>524210</u>  |   |                |
| 4. Brief Descriptio<br>Island  | on of the Character of the Business Which is Actually Conducted in  | Rhode          |
| INSURANCE SAI  | LES AND SERVICES  |                |
| 5. Principal Office  | e Address   |                |
| No. and Street:  | 500 1ST STREET SE   |                |
| City or Town:  |   | ry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |                |
| Contact Name: C  |   |                |
| No. and Street:  | 500 1ST ST SE<br>CEDAR RADIOS State: 10 7/m 52401 Countr  |                |
| City or Town:  | CEDAR RAPIDS State: A Zip: 52401 Countr   | y: <u>USA</u>  |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11  |   |                |
| CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  |   |                |
|  |   |                |

<u>02888</u>

## 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of April, 2024 at 11:26:42 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 <u>RANDALL RINGS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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