



State of Rhode Island
Department of State - Business Services Division

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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 001690324		2. Exact name of the Limited Liability Company Method LLC	
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Non Resident Insurance Agency for Profit	
5. State of Formation NV			
6. Principal Office Address 13810 FNB Parkway, Suite 450		City Omaha	State NE
		Zip 68154	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher Daley		Contact Title Manager/President	
Street Address 13810 FNB Parkway, Suite 450		City Omaha	State NE
		Zip 68154	
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 CHRISTOPHER		Date 5.21-24	
Signature of Authorized Person <i>Chris Daley</i>			

MAIL TO:
Division of Business Services
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