Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(b), each limited liability company failing or refusing to file its annual report within thrity (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 2025: 2025 1. ID No. 000509442 2. Exact Name of the Limited Liability Company TRUSTED INSURANCE ALLIANCE, LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 524210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island ETINANCIAL MANAGEMENT SERVICES FOR PARTICIPATING INSURANCE AGENCIES. 5. Principal Office Address No. and Street: 940 WATERMAN AVE City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: KENNETH THOMPSON Contac	State of Rhode Island Fee: \$50.00 Office of the Secretary of State Fee: \$50.00	
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KENNETH THOMPSON 940 WATERMAN AVENUE EAST PROVIDENCE , RI 02914	Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	

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

Signed this 8 Day of January, 2025 at 1:42:01 PM 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 KENNETH THOMPSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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