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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 202 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 001687912	2. Exact name of the Limited Liability Company Kindur Insurance Services LLC			
3. NAICS Code 524210 5. State of Formation DE	4. Brief description of the character of business conducted in Rhode Island Non Resident Insurance Agency			
6. Principal Office Address 147 West 24th Street 6th Floor		City New York	State NY	Zip 10011
7. Mailing Address of Limited Li	ability Company and Name or	Title of Contact Person		
Contact Name Rhian Horgan		Contact Title Manager		
Street Address 147 West 24th Street 6th Floor		City New York	State NY	^{Z_{IP}} 10011
8. The Resident Agent informat	ion currently of record with the	RI Department of State is accur	rate. Changes require	filing Form 642.
Under penalty of perjury, I de statements, and that all state		xamined this report, including	g any accompanying	schedules and
Name of Authorized Person Rhian Horgan		•	Date 1/8/2025	
Signature of Abthorized Person Ruan Horgan				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 11/2021