

State of Rhode Island

Department of State - Business Services Division

RECD RIDOS BSD

Annual Report for the year: 2021 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.

2. Exact name of the Limited Liability Company Kindur Insurance Services LLC				
Brief description of the character of business conducted in Rhode Island Non Resident Insurance Agency				
	- '			
	City	State	Zip	
6th Floor	New York	NY	10011	
			_ .	
Contact Name Rhian Horgan		Contact Title Manager		
4th Street 6th Floor	City New York	State NY	^{Zıp} 10011	
ation currently of record with the	RI Department of State is accu	rate. Changes require	filing Form 642.	
		g any accompanying	schedules and	
on		Date 1/8/2025		
Horgan		1,0,2023		
	4. Brief description of the ch Non Resident Insural 6th Floor Liability Company and Name or an 4th Street 6th Floor ation currently of record with the declare and affirm that I have e	4. Brief description of the character of business conducted in Non Resident Insurance Agency City New York Liability Company and Name or Title of Contact Person Contact Title Manager 4th Street 6th Floor City New York City New York City New York	4. Brief description of the character of business conducted in Rhode Island Non Resident Insurance Agency City State NY Liability Company and Name or Title of Contact Person Contact Title Manager 4th Street 6th Floor City New York State NY ation currently of record with the RI Department of State is accurate. Changes require declare and affirm that I have examined this report, including any accompanying tements contained herein are true and correct.	

MAIL TO:

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

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FORM 632 - Revised: 11/2021