|   | State of Rho<br>Office of the Sec                              |                  | tate              | Fee: \$50.00        |
|---|--|------------------|-------------------|---------------------|
|   | Division Of Bus  |                  | S                 |                     |
|   | 148 W. Riv   |                  |                   |                     |
|   | Providence RI  | 02904-2615       |                   |                     |
| 1636  | (401) 222  | 2-3040           |                   |                     |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 1   |  |                  |                   |                     |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (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. <u>000419152</u>  |  |                  |                   |                     |
| 2. Exact Name of the Limited Liability Company Competitive Insurance Associates LLC   |  |                  |                   |                     |
| 3. State of Formation   |  |                  |                   |                     |
| State: <u>RI</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 Description of the Character of the Business Which is Actually Conducted in Rhode Island   |  |                  |                   |                     |
| INSURANCE S   | <u>SALES</u>   |                  |                   |                     |
| 5. Principal Off  | ice Address  |                  |                   |                     |
| No. and Street:   | <u>140 POINT JUDITH ROAD</u><br><u>SUITE 28</u>                |                  |                   |                     |
| City or Town:   | <u>NARRAGANSETT</u>  | State: <u>RI</u> | Zip: <u>02882</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |  |                  |                   |                     |
| Contact Name:<br>No. and Street:  | EARL ADAMS Contact Title:<br>140 POINT JUDITH ROAD<br>SUITE 28 |                  |                   |                     |
| City or Town:   | NARRAGANSETT   | State: <u>RI</u> | Zip: <u>02882</u> | Country: <u>USA</u> |
|   |  |                  |                   |                     |

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL C BARUTI, ESQ 336 MAIN STREET SUITE 3 WAKEFIELD , RI 02879

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

## Signed this 14 Day of February, 2025 at 8:53:29 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 EARL ADAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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