	State of Rhode Is	land	Fee: \$50.00
R	Office of the Secretary		Fee. \$50.00
	Division Of Business S	Services	
	148 W. River Stre	eet	
1.04	Providence RI 02904		
1630	(401) 222-3040)	
Limited Liability Company Annual Report 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 : <u>2025</u>			
1. ID No. 001677685			
2. Exact Name of the Limited Liability Company Engle Martin & Associates, LLC			
3. State of Formation			
State: <u>GA</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>524291</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
INSURANCE ADJUSTING SERVICES			
5. Principal Office Address			
No. and Street:	<u>5565 GLENRIDGE CONNECTOR</u> SUITE 900		
City or Town:		State: <u>GA</u> Zip: <u>30342</u> Countr	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:			
No. and Street:	5565 GLENRIDGE CONNECTOR SUITE 900		
City or Town:		State: <u>GA</u> Zip: <u>30342</u> Count	ry: <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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 18 Day of February, 2025 at 12:35:04 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 ADAM STEIMEL

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved