State of Rhode Island Fee: \$50.00 Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Elimited Liability Company Annual Report Feer (a)
Image: Construction of the second
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(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.
1636(401) 222-3040Limited Liability Company Annual Report Filing Period: February 1 - May 1In 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.
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 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.
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>001694781</u>
2. Exact Name of the Limited Liability Company <u>ALLIED GROUP, LLC</u>
3. State of Formation
State: MO
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>323100</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
A FULFILLMENT BUSINESS PROVIDING FULL SERVICE PROGRAM MANAGEMENT
COMPRISED OF
PRINTING MAILING AND KITTING
5. Principal Office Address
No. and Street: 25 AMFLEX DRIVE
City or Town: $CRANSTON$ State: RI Zip: 02921 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title:
No. and Street: <u>25 AMFLEX DRIVE</u>
City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02921</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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 3 Day of April, 2025 at 1:46:58 AM 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 JAMES F. MCCORMACK

Signature of Authorized Person

Form No. 632 Revised 09/07

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