	State of RI Office of the Se	hode Island ecretary of St	ate	Fee: \$50.00
		usiness Services		
		Giver Street	5	
	Providence F	RI 02904-2615		
1636	(401) 2	22-3040		
Limited Liability Annual Report Filing Period: Feb In accordance wit		liability company	∕ failing or	
	annual report within thirty (30) days -66(b&c)) is subject to a penalty fee		prescribed by	
ANNUAL REPOR	T YEAR - ENTER THE CURRENT YE	EAR 2025 : <u>202</u>	<u>25</u>	
1. ID No. <u>001</u>	733235			
2. Exact Name of	of the Limited Liability Company \underline{X}	perience Title, 1	LLC	
3. State of Form	ation			
State: <u>LA</u>				
	NAICS C	ODE		
-	t NAICS Code that best describes th t of codes <u>here.</u> More information o			
<u>541191</u>				
4. Brief Descript Island	ion of the Character of the Busine	ss Which is Act	ually Conduc	ted in Rhode
INSURANCE A	GENCIES & BROKERAGE			
5. Principal Official	ce Address			
No. and Street:	<u>201 ST CHARLES AVENUE</u> <u>SUITE 2500</u>			
City or Town:	NEW ORLEANS	State: LA	Zip: <u>70130</u>	Country: <u>USA</u>
		nd Name or Title	e of Contact P	Person:
-	ss of Limited Liability Company ar			
-				

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 9:52:03 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 RYAN G. FOLEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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