



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>001699006</b>		2. Exact name of the limited liability company <b>BriteCo LLC</b>			
3. State of Formation <b>Delaware</b>		4. Brief description of the character of business conducted in Rhode Island <b>Personal Lines Insurance Agency</b> <b>524210</b>			
5. Principal office address <b>909 Davis St, Suite 500, Room 48</b>		City <b>Evanston</b>	State <b>IL</b>	Zip <b>60201</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: ?					
Contact Name <b>Conor Redmond</b>		Contact Title <b>Chief Insurance Officer</b>			
Street Address <b>909 Davis St, Suite 500, Room 48</b>		City <b>Evanston</b>	State <b>IL</b>	Zip <b>60201</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
		IL	60201		
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**  
**JAN 14 2020**  
 BY H80 DS

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Conor Redmond 01/03/2020  
 Signature of Authorized Person Date

**Conor Redmond**  
 Print or Type Name of Authorized Person