| State of Rhode Island Office of the Secretary of State | Fee: \$50.00 |
|--|------------------------|
| Division Of Business Services | |
| 148 W. River Street | |
| 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. | |
| ANNUAL REPORT YEAR: 2022 | |
| 1. ID No. 001700051 | |
| 2. Exact Name of the Limited Liability Company <u>EXPERT INSURANCE LLC</u> | |
| 3. State of Formation | |
| State: <u>RI</u> | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the enter the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | ing: Dominouu |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in R | |
| OWN AND OPERATE INSURANCE AGENCIES AND ANY OTHER LAWFUL B | <u>USINESS</u> |
| 5. Principal Office Address | |
| No. and Street: <u>122 DOTY CIRCLE</u> | |
| | ntry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: Contact Title: | |
| No. and Street:122 DOTY CIRCLECity or Town:WEST SPRINGFIELDState: MAZip: 01089Cou | ntry: <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 | |
| INCORPORATING SERVICES, LTD. 222 JEFFERSON BOULEVARD, SUITE 200 WARW 02888 | <u>ICK</u> , <u>RI</u> |
| 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (| b). |

Signed this 7 Day of February, 2022 at 2:35:17 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 <u>TIMOTHY INGERSON, MANAGER OF BALISE MANAGEMENT, LLC</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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