		Rhode Island Secretary of S	State	Fee: \$50.00
	Division Of	Business Servic	es	
	148 W.	River Street		
	Providence	e RI 02904-2615	5	
7636	(401)	222-3040		
Limited Liability	r Company			
Annual Report Filing Period: Febr	ruary 1 - May 1			
	n R.I.G.L. 7-16-66(d), each limite			
	annual report within thirty (30) da 66(b&c)) is subject to a penalty f		e prescribed by	
	T YEAR - ENTER THE <u>CURRENT</u>		023 : <u>2023</u>	
1. ID No. <u>001</u> 6	690696			
2. Exact Name of	f the Limited Liability Company	EPICVanbridge	LLC	
3. State of Forma	ation			
State: <u>FL</u>				
	ARTI	CLE III		
	NAICS Code that best describes of codes <u>here.</u> More information			•
<u>524210</u>				
4. Brief Description	on of the Character of the Busir	ness Which is A	ctually Condu	cted in Rhode
INSURANCE				
5. Principal Offic	e Address			
No. and Street:	<u>1 CALIFORNIA STREET</u> <u>SUITE 400</u>			
City or Town:	SAN FRANCISCO	State: <u>CA</u>	Zip: <u>94111</u>	Country: <u>USA</u>
6. Mailing Addres	ss of Limited Liability Company	and Name or Tit	le of Contact	Person:
Contact Name: F	FRANK MAMMARO Contact Title	: <u>TREASURER</u>	<u>.</u>	
No. and Street:	<u>1 CALIFORNIA STREET</u> SUITE 400			

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 1 Day of May, 2023 at 3:57:34 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 FRANK MAMMARO

Signature of Authorized Person

Form No. 632 Revised 09/07

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