

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004925

FILED
Jun 13, 2012
Secretary of State

Entity Name: PROVIDENCE WASHINGTON INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

1275 WAMPANOAG TRL E
EAST PROVIDENCE, RI 02915

New Principal Place of Business:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

Current Mailing Address:

1275 WAMPANOAG TRL E
EAST PROVIDENCE, RI 02915

New Mailing Address:

475 KILVERT STREET
SUITE 330
WARWICK, RI 02886

FEI Number: 20-5040471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: WALL, KARL J
Address: 475 KILVERT STREET, SUITE 330
City-St-Zip: WARWICK, RI 02886

Title: TREA
Name: CARLSON, ROBERT B
Address: 475 KILVERT STREET, SUITE 330
City-St-Zip: WARWICK, RI 02886

Title: SVP
Name: WOELLNER, D.E.
Address: 475 KILVERT STREET, SUITE 330
City-St-Zip: WARWICK, RI 02886

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: D.E. WOELLNER

SVP

06/13/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date