

No. W 68247		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PROVIDENCE WASHINGTON INSURANCE SOLUTIONS, LLC NANCI L WASS 475 KILVERT STREET, SUITE 330 WARWICK RI 02886		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHARRON FLETCHER	475 KILVERT ST, STE 330	WARWICK	RI	USA	02886	
MANAGER	D.E. WOELLNER	475 KILVERT ST, STE 330	WARWICK	RI	USA	02886	
5. Organized Under the Laws of: RI W 68247		6. Annual Report must be signed.* Signature: Nanci Wass Name (type or print): Nanci Wass					
		Date: 11/14/2013 Title: Tax Accountant					
Processed 11/14/2013		* Electronically provided signatures are accepted as original signatures.					