







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004838884

Date Filed: 8/3/2022 8:14:51 AM

| Entity Name and Mailing Address:  |                                  |      |   |   |
|---|----------------------------------|------|---|---|
| Entity Name:  |                                  |      | TRITON INSURANCE AGENCY, LLC                        |   |
| Foreign Name (name in home jurisdiction):   |                                  |      | TRITON INSURANCE AGENCY, LLC                        |   |
| The file number of this entity on the records of the Idaho Secretary of State is:                     |                                  |      | 0000624726  |   |
| Address   |                                  |      | 1 WASHINGTON ST<br>NEWPORT, RI 02840-1513           |   |
| Entity Details:<br>Entity Status  |                                  |      | Active-Existing                                     |   |
| This entity is organized under the laws of:   |                                  |      | RHODE ISLAND  |   |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: |                                  |      | W208155   |   |
| The registered agent on record is:  |                                  |      |   |   |
| Registered Agent  |                                  |      | DEAN L CAMERON                                      |   |
|   |                                  |      | Commercial Registered Agent                         |   |
|   |                                  |      | Physical Address                                    |   |
|   |                                  |      | 700 W STATE ST 3RD FL IDAHO DEPARTMENT OF INSURANCE |   |
|   |                                  |      | BOISE, ID 83702                                     |   |
|   |                                  |      | Mailing Address                                     |   |
|   |                                  |      | 700 W STATE ST 3RD FL<br>BOISE, ID 83702            |   |
| Agent or Address Change   |                                  |      |   |   |
| Select if you are appoir  | nting a new agent.               |      |   |   |
| Limited Liability Company Managers  | and Members                      |      |   |   |
| Name  | Title                            |      | Business Address                                    |   |
| David Markell   | Manager                          |      | ASHINGTON STREET<br>/PORT, RI 02840                 |   |
| Robert Peck   | Manager                          |      | ASHINGTON STREET<br>/PORT, RI 02840                 |   |
|   |                                  |      |   |   |
| The annual report must be signed by   | an authorized signer of the enti | ity. |   |   |
| Job Title: Manager  |                                  |      |   |   |
| Laura Wheeler   |                                  |      | 08/03/2022  |   |
| Sign Here   |                                  |      | Date  | _ |