



State of Rhode Island

## Department of State - Business Services Division

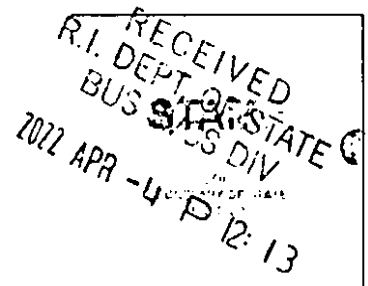
Annual Report for the year: 2022

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



1. Entity ID Number 001679784		2. Exact name of the Corporation Hub International Group Northeast Inc.												
3. Principal Office Address 1065 Avenue of the Americas			City New York	State NY	Zip 10018									
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Brokerage Services												
5. State of Incorporation Delaware														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Paul Collins			Vice-President Name James Vogdes											
Street Address 180 River Road, 2nd Floor			Street Address 150 N. Riverside Plaza, 17th Floor											
City Summit	State NJ	Zip 07901	City Chicago	State IL	Zip 60606									
Secretary Name John M. Albright			Treasurer Name Michael A. Gallanis											
Street Address 150 N. Riverside Plaza, 17th Floor			Street Address 150 N. Riverside Plaza, 17th Floor											
City Chicago	State IL	Zip 60606	City Chicago	State IL	Zip 60606									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name John M. Albright			Director Name Troy Angers											
Street Address 150 N. Riverside Plaza, 17th Floor			Street Address 150 N. Riverside Plaza, 17th Floor											
City Chicago	State IL	Zip 60606	City Chicago	State IL	Zip 60606									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	0.0100			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	Common	0.0100												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>														
Name of Authorized Representative John M. Albright					Date April 1, 2022									
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR - 4 2022  
BY J.S.P.F.F.

FORM 630 - Revised: 08/2020