



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024**: 2024

1. Corporate ID No. 001681636

2. Name of Corporation Aon Financial & Insurance Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 200 E. RANDOLPH ST, 8TH FL

City or Town: CHICAGO

State: IL Zip: 60601 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524298

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE BROKERAGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

ASST VP/DIRECTOR	MICHELLE S LEY	200 E. RANDOLPH ST, 8TH FL CHICAGO, IL 60601 USA
TREASURER	PAUL A HAGY	200 E. RANDOLPH ST, 8TH FL CHICAGO, IL 60601 USA
PRESIDENT/CHAIRMAN /DIRECTOR	WILLIAM L DELANEY	200 E. RANDOLPH ST, 8TH FL CHICAGO, IL 60601 USA
SECRETARY/DIRECTOR	COLBY E. ALEXIS	200 E. RANDOLPH ST, 8TH FL CHICAGO, IL 60601 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 29 Day of April, 2024 at 12:08:23 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE S LEY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved