



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 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:** 2008

**1. Corporate ID No.** 000127851

**2. Name of Corporation** IROQUOIS OF NEW ENGLAND INSURANCE BROKERAGE, INC.

**3. Street Address Principal Business Office:**

No. and Street: 700 PLEASANT STREET, 5TH FLOOR

City or Town: NEW BEDFORD

State: MA Zip: 02740 Country: USA

**4. Business Phone No.**

7163735511

**5. State of Incorporation**

State: MA

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

INSURANCE WHOLESALER

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 US
TREASURER	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 US
SECRETARY	AMY L BRANCH-BENOLIEL	520 EAST GRAVERS LANE WYNDMOOR, PA 19038 US
VICE PRESIDENT	JOSEPH G CHIAPUSO	174 1/2 NORTH UNION ST #7 OLEAN, NY 14760 US
PRESIDENT	LAURIE A BRANCH	304 VAN BUREN AVENUE OLEAN, NY 14760- USA
CLERK	AMY L BRANCH-BENOLIEL	520 EAST GRAVERS LANE WYNDMOOR, PA 19038 US
ASSISTANT SECRETARY	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 US
DIRECTOR	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 US
DIRECTOR	PAUL M BRANCH	1309 BUCHANAN OLEAN, NY 14760 US
DIRECTOR	AMY L BRANCH-BENOLIEL	520 EAST GRAVERS LANE WYNDMOOR, PA 19038 US
DIRECTOR	JOSEPH G CHIAPUSO	174 1/2 NORTH UNION ST OLEAN, NY 14760 US

#### 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		\$0.00	200.00	150

**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 1 Day of February, 2008 at 2:03:34 PM by the incorporator(s).** *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 LAURIE A BRANCH  
Signature of Authorized Representative of the Corporation

ASST SECRETARY  
Title

Form No. 630  
Revised 09/07

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