



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132374		2. Exact name of the Corporation RSC Insurance Brokerage Inc			
3. Principal office address 160 Federal St.		City Boston	State MA	Zip 02110	
4. Business Phone No. 617-330-5744		5. State of Incorporation Deleware			
6. Brief description of the character of business conducted in Rhode Island Risk Management/Insurance Brokerage					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael Christian			Vice-President Name		
Street Address 160 Federal St.			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Secretary Name August Gangi			Treasurer Name John Vaglica		
Street Address 160 Federal St			Street Address 160 Federal ST		
City Boston	State MA	Zip 02110	City Boston	State MA	Zip 02110
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael Christian			Director Name August Gangi		
Street Address 160 Federal St			Street Address 160 Federal St		
City Boston	State MA	Zip 02110	City Boston	State MA	Zip 02110
Director Name William Mahone			Director Name Frank Medici		
Street Address Berkley Capital 475 Steamboat Rd			Street Address Berkley Capital 475 Steamboat Rd		
City Greenwich	State CT	Zip 06830	City Greenwich	State CT	Zip 06830
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			868,037	Common	
			1,783,352	Preferred	

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

John Vaglica-CFO

Print or Type Name of Authorized Representative