RALPH MORE State	e of Rhode Island and Pr Office of the Secret		Fee: \$50.00			
Sector of State	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Foreign Business Corpo Annual Report Filing Period: January 1 - March In accordance with R.I.G.L. 7-1	1 2-1501(e), each corporation fail					
annual report within thirty (30) of (c&d)) is subject to a penalty fe	ays after the time prescribed by e of \$25.00.	law (R.I.G.L. 7-1.2-1501				
ANNUAL REPORT YEAR: 2014						
1. Corporate ID No. 000506840						
2. Name of Corporation Crump Commercial Insurance Services, Inc.						
3. Street Address Principal Business Office:						
No. and Street:105 EISENHOWER PKWYCity or Town:ROSELANDState:NJZip:07068Country:USA						
4. Business Phone No.						
5. State of Incorporation						
State: <u>CA</u>						
<ul> <li>6. Brief Description of the Cl</li> <li><u>Insurance Brokerage Service</u></li> <li>7. Names and Addresses of the service</li> </ul>	-	ed in Rhode Island				
All officers and directors must be listed.						
Title	Individual Name	Address				
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country 105 EISENHOWER PKWY ROSELAND, NJ 07068 USA				
TREASURER	CHRIS MURPHY	105 EISENHOWER ROSELAND, NJ 07068				
SECRETARY	TAMMY STRINGER	105 EISENHOWER ROSELAND, NJ 07068	PKWY			
CEO	S. DAVISON OBENAUER	105 EISENHOWER ROSELAND, NJ 07068	PKWY			
DIRECTOR	ANDREA LYNN HOLDER	105 EISENHOWER				

	ROSELAND, NJ 07068 USA							
8. Shares Authorized and Issued								
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>				
CNP		\$0.0000	1,000.00	1000				
<b>Signed this 28 Day of January, 2014 at 10:50:15 AM.</b> 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 <u>TRACI HOUCK</u> Signature of Authorized Representative of the Corporation								
POA Title								
This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.								
Form No. 630 Revised 09/07								
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