

**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 2015

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. 849126		2. Exact name of the Corporation AE UNDERWRITERS AGENCY, INC.			
3. Principal office address 444 Madison Avenue, Suite 501		City New York	State NY	Zip 10022	
4. Business Phone No. 856-779-6965		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nachum Stein			Vice-President Name Vivalde Couto		
Street Address 444 Madison Avenue, Suite 501			Street Address 444 Madison Avenue, Suite 501		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Secretary Name NONE			Treasurer Name Steve Klein		
Street Address NONE			Street Address 444 Madison Avenue, Suite 501		
City NONE	State NONE	Zip NONE	City New York	State NY	Zip 10022
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Nachum Stein			Director Name Steve Klein		
Street Address 444 Madison Avenue, Suite 501			Street Address 444 Madison Avenue, Suite 501		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	Common	.01

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

FILED
FEB 05 2015

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.

Steve Klein
Signature of Authorized Representative

01/29/2015

Date

Steve Klein

Print or Type Name of Authorized Representative