



**State of Rhode Island and Providence Plantations
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: 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: 2015

1. Corporate ID No. 000547228

2. Name of Corporation Sullivan Brokers Wholesale Insurance Solutions, Inc

3. Street Address Principal Business Office:

No. and Street: 800 W. 6TH STREET, SUITE 1800

City or Town: LOS ANGELES

State: CA Zip: 90017 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

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
PRESIDENT	THOMAS E. SMITH	800 W. 6TH ST, STE 1800 LOS ANGELES, CA 90017 USA
TREASURER	PAUL D. CUNNINGHAM	800 W. 6TH ST, STE 1800 LOS ANGELES, CA 90017 USA
SECRETARY	BARBARA N. REILLY	800 W. 6TH ST, STE 1800 LOS ANGELES, CA 90017 USA
DIRECTOR	PAUL D. CUNNINGHAM	800 W. 6TH ST, STE 1800 LOS ANGELES, CA 90017 USA
DIRECTOR	GERALD J. SULLIVAN	800 W. 6TH ST, STE 1800

		LOS ANGELES, CA 90017 USA
DIRECTOR	HARRY H. HALDEMAN	800 W. 6TH ST, STE 1800 LOS ANGELES, CA 90017 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	2,000.00	1200
PNP		\$0.0000	1,000.00	0

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 12 Day of February, 2015 at 9:42:30 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 DONATO
Signature of Authorized Representative of the Corporation

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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