



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 132374		2. Name of Corporation RSC Insurance Brokerage, Inc.			
3. Street Address Principal Business Office One Speen Street, Suite 160			City Framingham	State MA	Zip 01701
4. Business Phone No. 508-820-4400		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE BROKERAGE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael B. Christian			Vice President Name James Scardino		
Street Address 316 Ocean Avenue			Street Address 14 Aberdeen Road		
City Marblehead	State MA	Zip 01945	City Wellesley	State MA	Zip 02482
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael B. Christian			Director Name		
Street Address 316 Ocean Avenue			Street Address		
City Marblehead	State MA	Zip 01945	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 COMM NO PAR VALUE			N/A		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 2 3 7 4 *

File Date	4/19/04
Check No.	4800
By:	ls.
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.

James I. Scardino 4-14-04
Signature of Officer Date

James I. Scardino
Print or Type Name of Officer

Vice President
Title of Officer