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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 2016

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.	2. Exact name of the Corporation
796780	**Marsh JCS Inc.**

3. Principal office address	City	State	Zip
1166 Avenue of the Americas	**New York**	**NY**	**10036**

4. Business Phone No.	5. State of Incorporation
201-284-4767	**DE**

6. Brief description of the character of business conducted in Rhode Island
Insurance Consultant Broker

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Robert S. Bentley	**1166 Avenue of the Americas**	**New York**	**NY**	**10036**

Vice-President Name	Street Address	City	State	Zip
Joseph P. Gigliotti	**121 River Street**	**Hoboken**	**NJ**	**07030**

Secretary Name	Street Address	City	State	Zip
Barry J. Kerschner	**1166 Avenue of the Americas**	**New York**	**NY**	**10036**

Treasurer Name	Street Address	City	State	Zip
Ferdinand Jahnel	**1166 Avenue of the Americas**	**New York**	**NY**	**10036**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Robert S. Bentley	**1166 Avenue of the Americas**	**New York**	**NY**	**10036**

Director Name	Street Address	City	State	Zip
Peter Zaffino	**1166 Avenue of the Americas**	**New York**	**NY**	**10036**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,400.00	CNP	$0.0000

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
DEC 28 2015
BY 08 1014212

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.

12/10/2015
Signature of Authorized Representative — Date

Joseph P. Gigliotti
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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