



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. <b>159150</b>		2. Exact name of the Corporation <b>VICTOR O. SCHINNERER &amp; COMPANY, INC.</b>			
3. Principal office address <b>121 RIVER ST., TAX DEPT - 8TH FL</b>			City <b>HOBOKEN</b>	State <b>NJ</b>	Zip <b>07030</b>
4. Business Phone No.			5. State of Incorporation <b>DELAWARE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL INSURANCE AGENCY</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>ROBERT BYLER</b>			Vice-President Name <b>JOSEPH GIGLIOTTI</b>		
Street Address <b>1166 AVE OF THE AMERICAS</b>			Street Address <b>121 RIVER STREET</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>	City <b>HOBOKEN</b>	State <b>NJ</b>	Zip <b>07030</b>
Secretary Name <b>LAWRENCE LEHAN</b>			Treasurer Name <b>FERDINAND JAHNEL</b>		
Street Address <b>1166 AVWE OF THE AMERICAS</b>			Street Address <b>1166 AVE OF THE AMERICAS</b>		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>BRIAN HANUSCHAK</b>			Director Name <b>JAMES McNASBY</b>		
Street Address <b>20 CHURCH ST</b>			Street Address <b>1166 AVE OF THE AMERICAS</b>		
City <b>HARTFORD</b>	State <b>CT</b>	Zip <b>06103</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10036</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			1000	COMMON	1

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**  
 JAN 29 2016  
 BY 1001320

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.

Signature of Authorized Representative \_\_\_\_\_ Date 1/5/2016  
**JOSEPH GIGLIOTTI**

Print or Type Name of Authorized Representative