

# 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: 2016

1. Corporate ID No. 000161170

2. Name of Corporation Kelly Integrated Workers Compensation Strategies, Inc.

3. Street Address Principal Business Office:

No. and Street: 1 KELLY WAY

City or Town: SPARKS State: MD Zip: 21152 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MD

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ADVERTISE, MARKET, SELL, WRITE AND OTHERWISE DEAL IN WORKERS COMPENSATION, PROPERTY AND CASUALTY INSURANCE

### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title          | Individual Name             | Address   |
|----------------|-----------------------------|---|
|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country       |
| TREASURER      | CRAIG S HORNER              | 301 INTERNATIONAL CIRCLE<br>HUNT VALLEY, MD 21030 USA |
| SECRETARY      | BRYAN J KELLY               | 301 INTERNATIONAL CIRCLE<br>HUNT VALLEY, MD 21030 USA |
| CEO            | FRANCIS X KELLY III         | 301 INTERNATIONAL CIRCLE<br>HUNT VALLEY, MD 21030 USA |
| VICE PRESIDENT | JOHN R KELLY                | 301 INTERNATIONAL CIRCLE<br>HUNT VALLEY, MD 21030 USA |

| PRESIDENT | DAVID E KELLY | 301 INTERNATIONAL CIRCLE   |  |
|-----------|---------------|----------------------------|--|
|           |               | HUNT VALLEY, MD 21030- USA |  |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 100.00   | 100  |

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 4 Day of February, 2016 at 9:03:20 AM.** 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 DAVID E KELLY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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