



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. 150276		2. Exact name of the Corporation MARSH PRIVATE CLIENT LIFE INSURANCE SERVICES			
3. Principal office address 121 RIVER STREET, TAX DEPT, 8TH FLOOR			City HOBOKEN	State NJ	Zip 07030
4. Business Phone No. 201-284-4782		5. State of Incorporation CALIFORNIA			
6. Brief description of the character of business conducted in Rhode Island INSURANCE BROKERAGE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT BENTLEY			Vice-President Name JOSEPH GIGLIOTTI		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 121 RIVER STREET		
City NEW YORK	State NY	Zip 10036	City HOBOKEN	State NJ	Zip 07030
Secretary Name LAWRENCE LEHAN			Treasurer Name FERDINAND JAHNEL		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 1166 AVENUE OF THE AMERICAS		
City NEW YORK	State NY	Zip 10036	City NEW YORK	State NY	Zip 10036
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT BENTLEY			Director Name KEVIN TOBIN		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 540 W MADISON STREET		
City NEW YORK	State NY	Zip 10036	City CHICAGO	State IL	Zip 60603
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			171	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: _____

FILED

FEB 19 2016

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

JOSEPH GIGLIOTTI

2/9/16

 Date

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

BY 1015475
 DS

Print or Type Name of Authorized Representative