

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. 000796423

- 2. Name of Corporation Choicemark Insurance Services, Inc.
- 3. Street Address Principal Business Office:

No. and Street: 2020 W. 89TH STREET, 2ND FLOOR

City or Town: <u>LEAWOOD</u> State: <u>KS</u> Zip: <u>66206</u> Country: <u>USA</u>

4. Business Phone No.

5. State of Incorporation

State: DE

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

TO ACT AS AN INSURANCE DISTRIBUTOR

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	
PRESIDENT	TIMOTHY DANKER	2020 W. 89TH STREET, 2ND FLOOR LEAWOOD, KS 66206 USA	

8. Shares Authorized and Issued

				Total Issued	
Class of Stock	Series of Stock	Par Value Per Share		and	
			Total Authorized	Outstanding	
			Shares	Num of	

		Number of Shares	Shares
CWP	\$0.0010	1,000.00	0

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 26 Day of February, 2016 at 12:39:16 PM. 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 ROBERT EDWARDS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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