



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: 2017

1. Corporate ID No. 001065168

2. Name of Corporation Iroquois Services Corp.

3. Street Address Principal Business Office:

No. and Street: 35 WEST MAIN STREET

City or Town: ALLEGANY

State: NY

Zip: 14706

Country: USA

4. Business Phone No.

7163735511

5. State of Incorporation

State: NY

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

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

INSURANCE AGGREGATOR

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | LAURIE A. BRANCH                               | 304 VAN BUREN AVENUE<br>OLEAN, NY 14750 USA                |
| TREASURER | LAURIE A BRANCH                                | 304 VAN BUREN AVE                                          |

|                     |                       |                                                  |
|---------------------|-----------------------|--------------------------------------------------|
|                     |                       | OLEAN, NY 14760 USA                              |
| SECRETARY           | AMY L BRANCH BENOLIEL | 520 EAST GRAVERS LANE<br>WYNDMOOR, PA 19038 USA  |
| ASSISTANT SECRETARY | LAURIE A BRANCH       | 304 VAN BUREN AVE<br>OLEAN, NY 14760 USA         |
| VICE PRESIDENT      | JOSEPH G CHIAPUSO     | 1910 WINDFALL<br>OLEAN, NY 14760 USA             |
| DIRECTOR            | JOSEPH G CHIAPUSO     | 1910 WINDFALL RD<br>OLEAN, NY 14760 USA          |
| DIRECTOR            | LAURIE A BRANCH       | 304 VAN BUREN AVE<br>OLEAN, NY 14760 USA         |
| DIRECTOR            | AMY L BRANCH BENOLIEL | 520 EAST GRAVERS LANE<br>WYNDMOOR, PA 19038 USA  |
| DIRECTOR            | MATTHEW L WARD        | 11202 BUCKHEAD COURT<br>MIDLOTHIAN, VA 23112 USA |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 200.00                                                | 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 13 Day of February, 2017 at 4:11:20 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 LAURIE A BRANCH  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07