



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001659454

2. Name of Corporation Rhode Island Insurance Solutions Coalition (RIISC)

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813940

4. Corporate Address in Rhode Island

No. and Street: ONE CITIZENS PLAZA
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: ONE STATE STREET
SUITE 1500
City or Town: BOSTON State: MA Zip: 02109 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PRIMARY PURPOSE OF THE CORPORATION IS TO ACCEPT CONTRIBUTIONS AND MAKE EXPENDITURES TO INFLUENCE OR ATTEMPT TO INFLUENCE THE SELECTION, NOMINATION, ELECTION OR APPOINTMENT OF INDIVIDUALS TO STATE OR LOCAL PUBLIC OFFICES OR OFFICES IN POLITICAL ORGANIZATIONS AND SECONDARILY TO EDUCATE RHODE ISLAND VOTERS ON ISSUES THAT HAVE THE POTENTIAL TO IMPACT INSURANCE-RELATED COSTS IN THEIR STATE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JUNE TRAINA HOLMES	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631-3512 USA
SECRETARY	RANDI CIGELNIK	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631 USA
ASSISTANT SECRETARY	CLAIRE HOWARD	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631-3512 USA
CHAIR	PAUL C BLUME	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631-3512 USA
ASSISTANT TREASURER	MARK D WACHHOLZ	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631 USA
GENERAL MANAGER	FRANK C OBRIEN	ONE STATE STREET, STE 1500 BOSTON, MA 02109 USA
DIRECTOR	JUNE TRAINA HOLMES	8700 WEST BRYN MAWR AVE, STE 1200S CHICAGO, IL 60631-3512 USA
DIRECTOR	PAUL C. BLUME	8700 WEST BRYN MAWR AVENUE,S UITE 1200S CHICAGO, IL 60631-3512 USA
DIRECTOR	MARK D WACHHOLZ	8700 WEST BRYN MAWR, STE 1200S CHICAGO, IL 60631-3512 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JEFFREY S. BRENNER ONE CITIZENS PLAZA PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of June, 2017 at 1:31:59 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By RANDI CIGELNIK
Signature of Authorized Person

Form No. 631
Revised 09/07

