



**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: 2018

1. Corporate ID No. 000096738

2. Name of Corporation Strategic Hub International Excess Liability Defender Inc.

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

6

813910

4. Corporate Address in Rhode Island

No. and Street: C/O PBC
200 CROSSINGS BOULEVARD, SUITE 110

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO INSTITUTE RISK MANAGEMENT AND LOSS PREVENTION PROGRAMS AND TO
ENJOY ALL RIGHTS AND PRIVILEGES GRANTED TO PURCHASING GROUPS UNDER THE
FEDERAL RISK RETENTION ACT OF 1986

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	KENNETH SCHREIBER	5 BRYANT PARK NEW YORK, NY 10018 USA
TREASURER	TOM TRAN	1065 AVE OF AMERICAS NEW YORK , NY 10018 USA
SECRETARY	FREDERICA OCONNOR	100 SUNNSYDE BLVD. WOODBURY , NY 11797 USA
DIRECTOR	FREDERICA OCONNOR	100 SUNNYSIDE BLVD. WOODBURY , NY 11797 USA
DIRECTOR	KENNETH SCHREIBER	5 BRYANT PARK NEW YORK, NY 10018 USA
DIRECTOR	SCOTT BELL	5 BRYANT PARK NEW YORK, NY 10018 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**

JANE A. WILLIAMS 175 METRO CENTER BOULEVARD, SUITE 10 WARWICK , RI 02886

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

Signed this 8 Day of June, 2018 at 1:24:54 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 FREDERICA O'CONNOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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