



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 509370		2. Exact name of the Corporation GUY CARPENTER BROKING, INC			
3. Principal Office Address 1166 AVENUE OF THE AMERICAS		City NEW YORK		State NY	Zip 10036
4. NAICS Code 524150		6. Brief description of the character of business conducted in Rhode Island INSURANCE BROKERAGE			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK W. GUERRIERO			Vice-President Name CLAUDRIC ADAMS		
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 MICHAEL J. BORIK			Treasurer Name KAREN FARRELL		
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID H. PRIEBE			Director Name JOHN N. REINMAN		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 601 MERRITT 7 CORPORATE PARK - 4TH FLOOR		
City NEW YORK	State NY	Zip 10036	City NORWALK	State CT	Zip 06851
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This Information Is currently of record in the Department of State.		10. Shares Issued		PAR VALUE	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES		
		100	COMMON	1	
11. 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.					
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.					
Name of Authorized Representative CLAUDRIC ADAMS				Date 1/27/19	
Signature of Authorized Representative <i>Claudric E Adams</i>			SIGN DOCUMENT HERE FILED <i>OL</i>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 08 2019
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