



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

**Annual Report for the year: 2020**  
**Corporation**

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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SERVICES DIV.  
 2020 JUL - 3 AM  
 02888

|   |                    |   |   |                    |                        |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>000013546</b>   |                    | 2. Exact name of the Corporation<br><b>N.I.F. Services of New England, Inc.</b>                                       |   |                    |                        |
| 3. Principal Office Address<br><b>10 Jefferson Boulevard</b>  |                    |   | City<br><b>Warwick</b>                                | State<br><b>RI</b> | Zip<br><b>02888</b>    |
| 4. NAICS Code<br><b>524210</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Insurance Brokerage</b>             |   |                    |                        |
| 5. State of Incorporation<br><b>RI</b>  |                    |   |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                        |
| President Name<br><b>Mark P. Maher</b>  |                    |   | Vice-President Name<br><b>Les Ross</b>                |                    |                        |
| Street Address<br><b>30 Park Avenue</b>   |                    |   | Street Address<br><b>135 Main Street, 18th Floor</b>  |                    |                        |
| City<br><b>Manhasset</b>  | State<br><b>NY</b> | Zip<br><b>11030</b>   | City<br><b>San Francisco</b>                          | State<br><b>CA</b> | Zip<br><b>94105</b>    |
| Secretary Name<br><b>David Nielsen</b>  |                    |   | Treasurer Name  |                    |                        |
| Street Address<br><b>1350 Broadway, Suite 602</b>   |                    |   | Street Address  |                    |                        |
| City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10018</b>   | City  | State              | Zip                    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                        |
| Director Name<br><b>John Jennings</b>   |                    |   | Director Name<br><b>John Redett</b>                   |                    |                        |
| Street Address<br><b>1350 Broadway, #602</b>  |                    |   | Street Address<br><b>520 Madison Avenue</b>           |                    |                        |
| City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10018</b>   | City<br><b>New York</b>                               | State<br><b>NY</b> | Zip<br><b>10022</b>    |
| Director Name<br><b>David Nielsen</b>   |                    |   | Director Name<br><b>Janine Walter</b>                 |                    |                        |
| Street Address<br><b>1350 Broadway, #502</b>  |                    |   | Street Address<br><b>3 Landmark Square, 4th Floor</b> |                    |                        |
| City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10018</b>   | City<br><b>Stamford</b>                               | State<br><b>CT</b> | Zip<br><b>06901</b>    |
| 9. Shares Authorized  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                    |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES  |   | CLASS/SERIES       | PAR VALUE              |
|   |                    | 1000  |   |                    | 0                      |
|   |                    |   |   |                    |                        |
| 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.<br>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<br><b>Mark P. Maher</b>   |                    |   |   |                    | Date<br><b>6/29/20</b> |
| Signature of Authorized Representative<br><i>Mark P. Maher</i>  |                    |   |   |                    |                        |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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**JUL 03 2020**  
**BY** *Ch X 2 H 56*  
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