



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

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.

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1. Entity ID Number 000013546		2. Exact name of the Corporation N.I.F. Services of New England, Inc.			
3. Principal Office Address 10 Jefferson Boulevard			City Warwick	State RI	Zip 02888
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Brokerage			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mark P. Maher			Vice-President Name Les Ross		
Street Address 30 Park Avenue			Street Address 135 Main Street, 18th Floor		
City Manhasset	State NY	Zip 11030	City San Francisco	State CA	Zip 94105
Secretary Name David Nielsen			Treasurer Name		
Street Address 1350 Broadway, Suite 602			Street Address		
City New York	State NY	Zip 10018	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John Jennings			Director Name John Redett		
Street Address 1350 Broadway, #602			Street Address 520 Madison Avenue		
City New York	State NY	Zip 10018	City New York	State NY	Zip 10022
Director Name David Nielsen			Director Name Jeffrey Cappel		
Street Address 1350 Broadway, #502			Street Address 159 North Marion, #370		
City New York	State NY	Zip 10018	City Oak Park	State IL	Zip 60301
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. 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. 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 Mark P. Maher				Date 6/29/20	
Signature of Authorized Representative <i>Mark P. Maher</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

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