



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000046493

2. Name of Corporation Boston Insurance Trust, Inc.

3. Street Address Principal Business Office:

No. and Street: 10 RESEARCH PARKWAY

City or Town: WALLINGFORD

State: CT

Zip: 06492

Country: USA

4. Business Phone No.

5. State of Incorporation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

TRUSTEE AND ADMINISTRATOR OF INSURANCE TRUSTS AND ARRANGEMENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LUIS M. NUNES	10 RESEARCH PKWY WALLINGFORD, CT 06492 USA
TREASURER	MARIA SCARPA	10 RESEARCH PARKWAY

		WALLINGFORD, CT 06492 USA
SECRETARY	RICHARD GALLAGHER	10 RESEARCH PARKWAY WALLINGFORD, CT 06492 USA
VICE PRESIDENT	LORI M. LIESER	500 W. MADISON STREET CHICAGO, IL 60661 USA
DIRECTOR	BRETT SCHNEIDER	340 MADISON AVENUE NEW YORK, NY 10173 USA
DIRECTOR	EDWARD OMALLEY	1250 CAPITAL OF TEXAS HWY S AUSTIN, TX 78746 USA
DIRECTOR	VERONICA MOO	34 MADISON AVENUE NEW YORK, NY 10173 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	15,000.00	100

9. 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.

Signed this 24 Day of February, 2021 at 1:30:08 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LORI M. LIESER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved