



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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 DEPT. OF STATE
 MAR 29 12:10

1. Entity ID Number 001679588		2. Exact name of the Corporation Hub International Northeast Limited			
3. Principal Office Address 5 Bryant Park 4th Floor			City New York	State New York	Zip 10018
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Brokerage Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Collins			Vice-President Name Robert Knowles		
Street Address 5 Bryant Park, 4th Floor			Street Address 300 N. LaSalle Street, 17th Floor		
City New York	State NY	Zip 10018	City Chicago	State IL	Zip 60654
Secretary Name John M. Albright			Treasurer Name Michael A. Gallanis		
Street Address 300 N. LaSalle Street, 17th Floor			Street Address 300 N. LaSalle Street, 17th Floor		
City Chicago	State IL	Zip 59102	City Chicago	State IL	Zip 60654
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John M. Albright			Director Name Robert J. Sajdak		
Street Address 300 N. LaSalle Street, 17th Floor			Street Address 300 N. LaSalle Street, 17th Floor		
City Chicago	State IL	Zip 60654	City Chicago	State IL	Zip 60654
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300	Common	0.0	
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 JOHN M. ALBRIGHT				Date 29/03/2021	
Signature of Authorized Representative <div style="text-align: right; font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div>					

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

MAR 30 2021
 23635 A.A.
 FORM 630 - Revised: 08/2020