



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000057996</b>		2. Exact name of the Corporation <b>NATIONAL BROKERAGE CONSORTIUM, INC</b>			
3. Principal office address <b>205 PLEASANT VIEW DRIVE</b>			City <b>ETTERS</b>	State <b>PA</b>	Zip <b>17319</b>
4. Business Phone No. <b>717 796-3116</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>MARKETING OF INSURANCE PRODUCTS</b>					
<b>INSTALL OFFICERS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>RUSSEL URFFER, JR.</b>			Vice-President Name		
Street Address <b>205 PLEASEANT VIEW DRIVE</b>			Street Address		
City <b>ETTERS</b>	State <b>PA</b>	Zip <b>17319</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>INSTALL DIRECTORS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			<b>10. SHARES ISSUED (X) (BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
			NUMBER OF SHARES <b>2000</b>	CLASS/SERIES <b>STOCK</b>	PAR VALUE <b>- 0 -</b>

2014 DEC - 9 PM 11:24  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

**DEC 09 2014**

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.

*Russel Urffer* 11.28.14  
 Signature of Authorized Representative Date

**RUSSEL URFFER, JR., PRESIDENT**  
 Print or Type Name of Authorized Representative

Form No. 630  
 Revised: 01/2012

BY *BL 238203*  
 11.24