

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001830

**Entity Name:** RISCO INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

13420 PARKER COMMONS BLVD.  
SUITE 105  
FT MYERS, FL 33912-1867

**Current Mailing Address:**

PO BOX 549  
PROVIDENCE, RI 02901 US

**FEI Number:** 05-0432872

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHTCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PLUMB, PETER C  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            TREASURER  
Name            ANDERSON, RICHARD W  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            KEEFE, LAWRENCE E  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            FOTOPULOS, ANDREW F  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR, SECRETARY  
Name            DEWARE, STEVEN E  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD ANDERSON

**TREASURER**

**01/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date