

No. C 202415		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROFESSIONAL RISK FACILITIES, INC. KARLA DE OLIVEIRA 113 S SERVICE RD JERICO NY 11753		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	CHRISTOPHER CAVALLARO	113 S SERVICE RD	JERICO	NY	11753
SECRETARY	MICHAEL CAVALLARO	113 S SERVICE RD	JERICO	NY	11753
5. Organized Under the Laws of: NY C 202415		6. Annual Report must be signed.* Signature: Christopher Cavallaro Name (type or print): Christopher Cavallaro Date: 07/12/2017 Title: President			
Processed 07/12/2017		* Electronically provided signatures are accepted as original signatures.			