



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 98291		2. Name of Corporation OceanPoint Insurance Agency, Inc.			
3. Street Address Principal Business Office 272 VALLEY ROAD			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-846-3600		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF AN INSURANCE PRODUCER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter J. Colella			Vice President Name		
Street Address 272 Valley Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Sandra J. Pattie			Treasurer Name Andrew C. Hewitt		
Street Address 272 Valley Road			Street Address 272 Valley Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter J. Colella			Director Name Thomas V. Kelly		
Street Address 272 Valley Road			Street Address 24 Seal Island Road		
City Middletown	State RI	Zip 02842	City Bristol	State RI	Zip 02809
Director Name Peter Capodilupo			Director Name Paul J. Hogan		
Street Address 283 East Main Road			Street Address 128 Prospect Hill Street		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM	\$.01 PAR VALUE		100	Common	\$.01 Par

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 **FILED**

Check No. **MAR 24 2008**

By: **10286**

FOR SECRETARY OF STATE USE ONLY

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.

Peter J. Colella 2/12/08
Signature Date
Peter J. Colella
Print or Type Name
President
Title

OceanPoint Insurance Agency, Inc.
Corporate ID No. 98291
2008 Annual Report
Secretary of State

Additional Director:

J. Timothy O'Reilly
627 Black Point Lane
Portsmouth, RI 02871

FILED

MAR 24 2008

By 10286