

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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

. Corporate ID No. <b>98291</b>		2. Name of Corporation OceanPoint Insurance Agency, Inc.				
Street Address Principal Business Office 272 VALLEY ROAD			MIDDLETOWN	State RI	7.ip 02842	
Business Phone No. 5. State of Incorporation RHODE ISLAN						
Brief Description of the C TO ENGAGE IN THI	haracter of Business Condu E BUSINESS OF AN	cted in Rhode Island INSURANCE PRODUCER				
resident Name	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
Peter J. Colella			Count Address			
treet Address 272 Valley Road			Street Address			
Middletown	State RI	<sup>Zip</sup> 02842	Сйу	State	Zip	
ecretary Name Sandra J. Pattie			Treasurer Name Andrew C. Hewitt			
Street Address 272 Valley Road			Street Address 272 Valley Road			
ity Middletown	State RI	02842	City Middletown	State RI	<sup>Zip</sup> 02842	
i, NAMES AND ADD Director Name Peter J. Colella	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	Director Name Thomas V. Kelly	SPACES BEFORE USIN	G ATTACHMENTS	
street Address 272 Valley Road			Street Address 24 Seal Island Road			
СИУ	State	Zip	City	State RI	<i>Ζφ</i> 02809	
Middletown RI 02842 Peter Capodilupo			Bristol   RI			
Street Address 283 East Main Road			Street Address 128 Prospect Hill Street			
ay Middletown	State RI	<i>жр</i> 02842	City Newport	State R1	<i>ир</i> 02840	
o. SHARES AUTHOR	I	1	10. SHARES ISSUED	("X" BOX FOR ATTAC. TION MUST BE COMPLETED	HMENT)	
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.			Number of Shares	Class/Series	Par Value	
			100	Common	\$.01 Par	
This report must be e	executed on behalf of the	the corporation by an authoriz he corporation by the receiver	ed representative. If the coor trustee.	orporation is in the hand	ls of a receiver or tr	
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File Date FILED
Check No. MAR 2 3 2009
By: By 1057
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, Ldeclare and a	affirm that I have examined this report,
including any accompanying schedules	and statements, and that all statements
contained byrein are true and correct.	[]
fag. Com	3/5/09
Signature /	Date
Peter J. Colella	
Print or Type Name	
President	
Title	Earny 620 Pay 09/09

OceanPoint Insurance Agency, Inc. Corporate ID No. 98291 2009 Annual Report Secretary of State

Additional Director:

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

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MAR 23 2009
By 98291