



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. 98291		2. Exact name of the Corporation OceanPoint Insurance Agency, Inc.		
3. Principal office address 73 VALLEY ROAD, SUITE 1		City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-847-5200		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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Douglas Mayhew		Vice-President Name		
Street Address 73 Valley Road, Suite 1		Street Address		
City Middletown	State RI	Zip 02842	City	State
Secretary Name Sandra J. Pattie		Treasurer Name Gregory Derderian		
Street Address 73 Valley Road, Suite 1		Street Address 73 Valley Road, Suite 1		
City Middletown	State RI	Zip 02842	City Middletown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name Douglas Mayhew		Director Name Sandra J. Pattie		
Street Address 73 Valley Road, Suite 1		Street Address 73 Valley Road, Suite 1		
City Middletown	State RI	Zip 02842	City Middletown	State RI
Director Name Peter Capodilupo		Director Name Cynthia Reed		
Street Address 73 Valley Road, Suite 1		Street Address 73 Valley Road, Suite 1		
City Middletown	State RI	Zip 02842	City Middletown	State RI
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 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 _____

By: _____

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BY 11588

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.

[Signature]
 Signature of Authorized Representative
Douglas Mayhew

1/23/14
 Date

Print or Type Name of Authorized Representative

OceanPoint Insurance Agency, Inc.
Corporate ID No. 98291
2014 Annual Report
Secretary of State

Additional Director:

J. Timothy O'Reilly
73 Valley Road, Suite 1
Middletown, RI 02842

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