

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 2015 Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. 98291	2. LAGUET	ILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation OceanPoint Insurance Agency, Inc.				
]	Juk maurance	Agency, Inc.			
3. Principal office address 73 Valley Road, Suite 1			City Middletown	State RI	Zip 02842	
Business Phone No. 401-847-5200 Brief description of the character of business conducted in Rhode Isl			5. State of Incorporation Rhode Island			
To engage in the	character of busine	ss conducted in Rhode Isla insurance producer	and			
7. LIST ALL OFFICERS President Name	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Douglas Mayhew			Vice-President Name			
Street Address 73 Valley Road, Suite 1			Street Address			
City Middletown	State	Zip	City State Zip			
Secretary Name	RI	02842		State	Zip	
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	State RI	Zip	
LIST ALL DIRECTORS	(NAMES AND ADD	DRESSES) ("X" BOX FOR	ATTACHMENT)		02842	
Drector Name Douglas Mayhew			Director Name			
reet Address			Sandra J. Pattie			
73 Valley Road, Suit			Street Address 73 Valley Road	I, Suite 1		
ity Middletown	State RI	Zip 02842	City Middletown	State	Zip	
irector Name Peter Capodilupo		1	Director Name	RI	02842	
reet Address			Cynthia Reed			
73 Valley Road, Suit			Street Address 73 Valley Road	. Suite 1		
ty Middletown	State RI	Zip 02842	City State		Zip	
SHARES AUTHORIZED	1	V20-72	Middletown	Ri	02842	
			NUMBER OF SHARES	CLASSES		
is information is currently of record in the Office of the Secretary State, Changes require an additional filing. e Section 9 of instruction sheet.		100	CLASS/SERIES	PAR VALUE		
		100	Common	\$.01 Par		
his report must be execute	ed on behalf of the o	orporation by an authorize t be executed on behalf of	d representative. If the o	corporation is in the hand	s of a receiver or trustee	
		t be executed on behalf of	me corporation by the h	sceiver or trustee.		
ile Date		FILED	THE PROPERTY OF THE PROPERTY O	erjury, I declare and affir ig any accompanying s hts contained herein ar	abadulaa	
heck No	M/	AR 1 2 2015	11 your	LUM. (/-	1/24/15	
OR SECRETARY OF STA			Signature of Authori		Date	
n No. 630	By_\	1788	Print or Type Name			
sed: 01/2012	— J 		- посоттуре мате	of Authorized Representa	tive	

OceanPoint Insurance Agency, Inc. Corporate ID No. 98291 2015 Annual Report Secretary of State

Additional Director:

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

FILED

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By 98391