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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 2007

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.	2. Name of Corporation
137859	Winslow, Evans & Crocker Insurance Inc.

3. Street Address Principal Business Office	City	State	Zip
175 Federal St. 6th Floor	Boston	MA	02110

4. Business Phone No.	5. State of Incorporation
6178963549	MASSACHUSETTS

6. Brief Description of the Character of Business Conducted in Rhode Island
Life, health, variable insurance agency

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	City	State	Zip
Robert B. Maloney			
Street Address			
c/o Winslow, Evans & Crocker Inc. 175 Federal St	Boston	MA	02110

Vice President Name	City	State	Zip
Denis Culverwell			
Street Address			
c/o Winslow, Evans & Crocker Inc. 175 Federal St	Boston	MA	02110

Secretary Name	City	State	Zip
Street Address			

Treasurer Name	City	State	Zip
Street Address			

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	City	State	Zip
Robert B. Maloney			
Street Address			
175 Federal St. 6th Floor	Boston	MA	02110

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200,000 COMM NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		

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.

[redacted]

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.

[redacted] *Signature* 8/21/07 *Date*

Robert B. Maloney
Print or Type Name

[redacted] President
Title

FILED
File Date AUG 22 2007
Check No. 34739
By: 9:06

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