



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Str
Providence, RI 02904-26
401.222.30

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. 16572		2. Name of Corporation VINCENT PELLEGRINO INSURANCE ADJUSTERS, INC.			
3. Street Address Principal Business Office 275 Reservoir Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. 401-467-2860		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO INVESTIGATE AND ADJUST CLAIMS AND COMPLETE APPRAISALS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent Pellegrino		Vice President Name Michael Pellegrino			
Street Address 111 Cliff Drive		Street Address 68 Newport Avenue			
City Narragansett	State RI	Zip 02882	City Wickford	State RI	Zip 02852
Secretary Name Brian Pellegrino		Treasurer Name Vincent Pellegrino			
Street Address 119 Roger Williams Drive		Street Address 111 Cliff Drive			
City Wickford	State RI	Zip 02852	City Narragansett	State RI	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent Pellegrino		Director Name Brian Pellegrino			
Street Address 111 Cliff Drive		Street Address 119 Roger Williams Drive			
City Narragansett	State RI	Zip 02882	City Wickford	State RI	Zip 02852
Director Name Michael Pellegrino		Director Name			
Street Address 68 Newport Avenue		Street Address			
City Wickford	State RI	Zip 02852	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			50	Common	no 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.

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: Vincent Pellegrino Date: 1/11/08
Print or Type Name: VINCENT PELLEGRINO
Title: PRESIDENT

FILED
File Date: JAN 15 2008
Check No.: 3632
By: [Signature]
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