

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 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

1. Corporate ID No. 121614	Rodman I	2. Name of Corporation Rodman Insurance Agency, Inc					
3. Street Address Principal Business Office 145 Rosemary St, BLdg A			City Needham	State MA	<i>Zip</i> 024 94		
4. Business Phone No. 781-247-7800		5. State of Incorpor Massachuse			102104		
Insurance Agency	Character of Business Condu						
7. NAMES AND ADD	RESSES OF THE OFF	CERS: ("X" BOX FOR	<i>attachment)</i> 🛭 fill in	SPACES BEFORE USING	G ATTACHMENTS		
1 I danier I wille			Vice President Name				
Andrew Altman			See Attached				
Street Address 34 Constitution Dr			Street Address				
City Southboro	State MA	^{Zip} 01772	City	State	Zip		
Secretary Name Steven Shulman			Treasurer Name Steven Shulman				
Street Address			Street Address				
30 Goddard Circle		-	30 Goddard Circle				
Brookline	State MA	02445	City Brookline	State MA	<i>Ζψ</i> 02445		
8. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FO	R ATTACHMENT) 🛭 FILL 1	n spaces before usi	NG ATTACHMENTS		
Director Name Andrew Altman			Director Name				
Street Address			Steven Shulman				
34 Constitution Dr			Street Address				
City	State	Zip	30 Goddard Circle	State			
Southboro	MA	01772	Brookline	MA	02445		
Director Name	***********************		Director Name		02445		
James Rodman			Jeffrey Grosser				
Street Address 41 Elm St Unit D4			Street Address 30 Eagle Dr				
City	State	Zip	City	State	Zip		
Foxboro	Ma	02035	Canton	MA	02021		
9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR.	ATTACHMENT) 🗌		(*X" BOX FOR ATTAC CTION MUST BE COMPLETED			
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20,500 COMM NO PAR VALUE			556	СОММ	NO PAR		
		···	THE SEC				
This report must be ex	ecuted on behalf of the	corporation by an auth	orized representative. If the c	orporation is in the hand	s of a receiver or trustee		

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affi including any accompanying schedules and contained herein are true and correct.	rm that I have examined this report, d statements, and that all statements
Signature	Date
Steven Shulman	
Print or Type Name	
V.P	
Title	
	Form 630 Rev. 12/06



121614

RODMAN INSURANCE AGENCY, INC.

145 Rosemary Street, Bldg. A, Needham, MA 02494 • Tel: (781) 247-7800 • Fax: (781) 444-0090 • www.rodmanins.com

SUMNER RODMAN, CLU. LIA • BERTRAM RODMAN, CPCU • PHILLIP NYMAN, CPCU • SHELDON GROSSER, CPCU, CLU • JAMES RODMAN, CIC • JEFFREY GROSSER, CPCU STEVEN SHULMAN. ESQ. CIC • ANDREW ALIMAN • MYRON MICHALS • EVAN TOBASKY, CIC • MARK MARKELL • DOUGLAS HALL

As of Year 2008

Corporate ID No: 121614

7) Names and Addresses of Additional Officers:

Evan Tobasky 127 Damon Rd, Needham, MA 02494

Jeffrey Grosser 30 Eagle Dr., Canton, MA 02021

James Rodman 41 Elm St Unit D4, Foxboro, MA 02035

8) Names and Addresses of Additional Directors:

Evan Tobasky 127 Damon Rd, Needham, MA 02494

FEB 15 2008
By 50 00

JA # 121614