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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 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.	2. Name of Corporation			
147314	KBK Premium Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1425 Sams Avenue, Suite 201		Harahan	LA	70123
4. Business Phone No.	5. State of Incorporation			
(781) 581-9800	Louisiana			

6. Brief Description of the Character of Business Conducted in Rhode Island
Non-Resident Insurance Agency Sales and Services

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

President Name			Vice President Name		
Kenneth P. Murray			Kyle D. Murray		
Street Address			Street Address		
1425 Sams Avenue, Suite 201			1425 Sams Avenue, Suite 201		
City	State	Zip	City	State	Zip
Harahan	LA	70123	Harahan	LA	70123
Secretary Name			Treasurer Name		
Brett A. Murray			Brett A. Murray		
Street Address			Street Address		
1425 Sams Avenue, Suite 201			1425 Sams Avenue, Suite 201		
City	State	Zip	City	State	Zip
Harahan	LA	70123	Harahan	LA	70123

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

Director Name			Director Name		
Kenneth P. Murray			Kyle D. Murray		
Street Address			Street Address		
1425 Sams Avenue, Suite 201			1425 Sams Avenue, Suite 201		
City	State	Zip	City	State	Zip
Harahan	LA	70123	Harahan	LA	70123
Director Name			Director Name		
Brett A. Murray					
Street Address			Street Address		
1425 Sams Avenue, Suite 201					
City	State	Zip	City	State	Zip
Harahan	LA	70123			

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 Common No Par Value			1,500	Common	NO PAR
			THIS SECTION		

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] [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.

Brett A Murray 02/26/08
Signature *Date*

BRETT A. MURRAY
Print or Type Name

[redacted] SECRETARY/TREASURER
Title

FILED
File Date FEB 29 2008
Check No. By 11598
By:
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21170-5-241454

Form 630 Rev. 12/06