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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			
160435	CARLEEN A. DESROCHERS INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office		City	State	Zip
1204 FISH ROAD		TIVERTON	RI	02878
4. Business Phone No.	5. State of Incorporation			
401-624-1410	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENCY

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

President Name			Vice President Name		
CARLEEN A. DESROCHERS			CARLEEN A. DESROCHERS		
Street Address			Street Address		
1204 FISH ROAD			1204 FISH ROAD		
City	State	Zip	City	State	Zip
TIVERTON	RI	02878	TIVERTON	RI	02878
Secretary Name			Treasurer Name		
CARLEEN A. DESROCHERS			CARLEEN A. DESROCHERS		
Street Address			Street Address		
1204 FISH ROAD			1204 FISH ROAD		
City	State	Zip	City	State	Zip
TIVERTON	RI	02878	TIVERTON	RI	02878

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

Director Name			Director Name		
N/A					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	$0.01

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE	COMMON	$0.01

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.

Carleen A Desrochers 3/26/08
Signature *Date*

Carleen A. Desrochers
Print or Type Name

President
Title

FILED
File Date MAR 31 2008
Check No. DS 2608
By
By

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21645-82-250680

Form 630 Rev. 12/06