



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 2009**

**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.<br><b>2459</b>                                                                                                                         |                    | 2. Name of Corporation<br><b>Bizier &amp; Associates, Inc.</b> |                                                                     |                               |                                  |
| 3. Street Address Principal Business Office<br><b>1364 Smith Street</b>                                                                                    |                    |                                                                | City<br><b>No. Providence</b>                                       | State<br><b>RI</b>            | Zip<br><b>02911</b>              |
| 4. Business Phone No.<br><b>(401) 334-3300</b>                                                                                                             |                    | 5. State of Incorporation<br><b>Rhode Island</b>               |                                                                     |                               |                                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>INSURANCE BROKER</b>                                                     |                    |                                                                |                                                                     |                               |                                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |                                                                |                                                                     |                               |                                  |
| President Name<br><b>Rene A. Bizier, Jr.</b>                                                                                                               |                    |                                                                | Vice President Name<br><b>Deborah A. Bizier</b>                     |                               |                                  |
| Street Address<br><b>63E Nipmuc Trail</b>                                                                                                                  |                    |                                                                | Street Address<br><b>63E Nipmuc Trail</b>                           |                               |                                  |
| City<br><b>No. Providence</b>                                                                                                                              | State<br><b>RI</b> | Zip<br><b>02904</b>                                            | City<br><b>No. Providence</b>                                       | State<br><b>RI</b>            | Zip<br><b>02904</b>              |
| Secretary Name<br><b>Deborah A. Bizier</b>                                                                                                                 |                    |                                                                | Treasurer Name<br><b>Rene A. Bizier, Jr.</b>                        |                               |                                  |
| Street Address<br><b>63E Nipmuc Trail</b>                                                                                                                  |                    |                                                                | Street Address<br><b>63E Nipmuc Trail</b>                           |                               |                                  |
| City<br><b>No. Providence</b>                                                                                                                              | State<br><b>RI</b> | Zip<br><b>02904</b>                                            | City<br><b>No. Providence</b>                                       | State<br><b>RI</b>            | Zip<br><b>02904</b>              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |                                                                |                                                                     |                               |                                  |
| Director Name<br><b>Rene A. Bizier, Jr.</b>                                                                                                                |                    |                                                                | Director Name<br><b>Deborah A. Bizier</b>                           |                               |                                  |
| Street Address<br><b>63E Nipmuc Trail</b>                                                                                                                  |                    |                                                                | Street Address<br><b>63E Nipmuc Trail</b>                           |                               |                                  |
| City<br><b>No. Providence</b>                                                                                                                              | State<br><b>RI</b> | Zip<br><b>02904</b>                                            | City<br><b>No. Providence</b>                                       | State<br><b>RI</b>            | Zip<br><b>02904</b>              |
| Director Name                                                                                                                                              |                    |                                                                | Director Name                                                       |                               |                                  |
| Street Address                                                                                                                                             |                    |                                                                | Street Address                                                      |                               |                                  |
| City                                                                                                                                                       | State              | Zip                                                            | City                                                                | State                         | Zip                              |
| 9. SHARES AUTHORIZED                                                                                                                                       |                    |                                                                | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                                  |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    |                                                                | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                               |                                  |
|                                                                                                                                                            |                    |                                                                | Number of Shares<br><b>100</b>                                      | Class/Series<br><b>COMMON</b> | Par Value<br><b>NO PAR VALUE</b> |
|                                                                                                                                                            |                    |                                                                |                                                                     |                               |                                  |

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.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>JAN 12 2009</b> |
| By:                             | <b>By 077864</b>   |
| FOR SECRETARY OF STATE USE ONLY |                    |

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: **Rene A. Bizier Jr** Date: **1-9-09**  
Print or Type Name: **RENE A. BIZIER JR**  
Title: **PRESIDENT**