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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 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.	2. Name of Corporation			
14782	Howard L. Streeter Insurance, Inc.			
3. Street Address Principal Business Office		City	State	Zip
40 Stillman Rd. P. O. Box 173		Saunderstown	R. I.	02874
4. Business Phone No.	5. State of Incorporation			
401 295-8232	Rhode Island			

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

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

President Name			Vice President Name		
H. Leslie Streeter					
Street Address			Street Address		
40 Stillman Rd. P. O. Box 173					
City	State	Zip	City	State	Zip
Saunderstown	R. I.	02874			
Secretary Name			Treasurer Name		
Cynthia B. Davie			H. Leslie Streeter		
Street Address			Street Address		
40 Stillman Rd. P. O. Box 173			40 Stillman Rd. P. O. Box 173		
City	State	Zip	City	State	Zip
Saunderstown	R. I.	02874	Saunderstown	R. I.	0 2 874

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

Director Name			Director Name		
H. Leslie Streeter					
Street Address			Street Address		
40 Stillman Rd. P. O. Box 173					
City	State	Zip	City	State	Zip
Saunderstown	R. I.	02874			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED
300 Common no par value

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	common	0

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.

Signature H. Leslie Streeter *Date* 1-9-11

Print or Type Name H. Leslie Streeter

Title President

[redacted]

File Date 1-13-09
Check No. 1034
By: mne 30198-14-334524

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08