



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. 117551		2. Name of Corporation GENTILI & ROSSINI ASSOCIATES, PUBLIC INSURANCE ADJUSTERS, INC.			
3. Street Address Principal Business Office 471 WEST CENTRAL STREET			City FRANKLIN	State MA	Zip 02038
4. Business Phone No. 508-528-1734		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island PUBLIC INSURANCE ADJUSTERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS L. GENTILI			Vice President Name ROBERT W. ROSSINI		
Street Address 100 DANIELS STREET			Street Address 10 WESTFIELD ROAD		
City FRANKLIN	State MA	Zip 02038	City HOPKINTON	State MA	Zip 01748
Secretary Name THOMAS L. GENTILI			Treasurer Name ROBERT W. ROSSINI		
Street Address 100 DANIELS STREET			Street Address 10 WESTFIELD ROAD		
City FRANKLIN	State MA	Zip 02038	City HOPKINTON	State MA	Zip 01748
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS L. GENTILI			Director Name ROBERT W. ROSSINI		
Street Address 100 DANIELS STREET			Street Address 10 WESTFIELD ROAD		
City FRANKLIN	State MA	Zip 02038	City HOPKINTON	State MA	Zip 01748
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares 100		Class/Series COMMON	Par Value NO PAR VALUE

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	1-15-09
Check No.	14715
By:	MMC
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: Date: 1/14/09
Print or Type Name: ROBERT W. ROSSINI
Title: V.P.