

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.	<u> </u>				
1. Corporate ID No.	2. Name of Corporation				
117551	GENTILI & R	OSSINI ASSOCIA	res, PUBLIC INSU		
3. Street Address Principal Business Office			City	State	Zip
471 WEST CENTRAL STREET		FRANKLIN	MA	02038	
4. Business Phone No.		5. State of Incorporation	_		
508-528-1734 MASSACHUSETT			S		
6. Brief Description of the Character of		bode Island			
PUBLIC INSURANCE	ADJUSTERS OF THE OFFICERS	("X" BOX FOR ATTAC	CHMENT) □ FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			Vice President Name		
THOMAS L. GENTILI			ROBERT W. ROSSINI		
Street Address			Street Address		
100 DANIELS STREET			10 WESTFIELD ROAD		
City	State	Zip	City	State	Zip
FRANKLIN	MA	02038	HOPKINTON	MA	01748
Secretary Name			Treasurer Name		
THOMAS L. GENTILI			ROBERT W. ROSSINI		
Street Address			Street Address		
100 DANIELS STREET			10 WESTFIELD ROAD		
City	State	Zip	City	State	Zip
FRANKLIN	MA .	02038	HOPKINTON	MA	01748
8. NAMES AND ADDRESSES	OF THE DIRECTOR:	S: ("X" BOX FOR ATT		PACES BEFORE USING	5 ATTACHMENTS
THOMAS L. GENTILI			Director Name  ROBERT W. ROSSINI  Street Address		
100 DANIELS STREE	State	Zip	10 WESTFIELD RO	State	Zip
·		02038		MA	01748
FRANKLIN  Director Name	J MA	J. 04030	HOPKINTON  Director Name	lriA	[01/.†0
Director Name			1		
Street Address			Street Address		
			:		
9. SHARES AUTHORIZED	ı	•	10. SHARES ISSUED (	"X" BOX FOR ATTACI	HMENT) [
			ISSUED SHARES — THIS SECT	ION <u>MUST</u> BE COMPLETED	
This information is currently	of record in the Offi	ce of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an ad		•			
instruction sheet.			100	COMMON	NO PAR VALUE
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the cor	poration is in the hand	s of a receiver or trustee,
this report must be executed of					

	including any accompa
File Date 1-15-09	contained herein are tr
Check No. 14715	Signature ROBERT
By:MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title

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.
1/14/09
Signature Date
ROBERT W. ROSSINI
Print or Type Name
V. P.
Tial