



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. 000082787		2. Name of Corporation KUTSAFTIS INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 702 AQUIDNECK AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-848-0720		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE SALES AND SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY KUTSAFTIS			Vice President Name		
Street Address 702 AQUIDNECK AVENUE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name ANTHONY KUTSAFTIS			Treasurer Name ANTHONY KUTSAFTIS		
Street Address 702 AQUIDNECK AVENUE			Street Address 702 AQUIDNECK AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTHONY KUTSAFTIS			Director Name		
Street Address 702 AQUIDNECK AVENUE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
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 1000	Class/Series COMMON	Par Value 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.

FILED	
File Date	JAN 29 2009
Check No.	
By: <u>2144</u>	
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

ANTHONY KUTSAFTIS

Print or Type Name

PRESIDENT

Title

Date