RI SOS Filing Number: 200942233490 Date: 02/12/2009 4:00 PM

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			
124412	Pitney Bowes Insurance Agency, Inc.			
3. Street Address Principal Business Office		City	State	Zip
One Elmcroft Road		Stamford	CT	06926-0700
4. Business Phone No.	5. State of Incorporation			
203-351-7652	Connecticut			

6. Brief Description of the Character of Business Conducted In Rhode Island
To Solicit Insurance as a licensed Insurance Agent

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

President Name	Street Address	City	State	Zip
Richard Martorana	1 Elmcroft Road	Stamford	CT	06926-0700

Vice President Name	Street Address	City	State	Zip
Barret S. Johnson	1 Elmcroft Road	Stamford	CT	06926-0700

Secretary Name	Street Address	City	State	Zip
Amy C. Corn	1 Elmcroft Road	Stamford	CT	06926-0700

Treasurer Name	Street Address	City	State	Zip
Helen Shan	1 Elmcroft Road	Stamford	CT	06926-0700

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

Director Name	Street Address	City	State	Zip
David Kleinman	1 Elmcroft Road	Stamford	CT	06926-0700

Director Name	Street Address	City	State	Zip
Helen Shan	1 Elmcroft Road	Stamford	CT	06926-0700

Director Name	Street Address	City	State	Zip
Michael Monahan	1 Elmcroft Road	Stamford	CT	06926-0700

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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
100	Common	1.00
THIS SECTION MUST BE COMPLETED		

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]

FILED
File Date FEB 12 2009
Check No. 2V 8561891
By:
30802-25-347389
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 2/7/09 Date

Barret S. Johnson
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 08/08