



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. 93996		2. Name of Corporation Daigneau Insurance Agency, Inc.			
3. Street Address Principal Business Office 51 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. Business Phone No. 401-433-1111		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate an insurance agency.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Harold Daigneau			Vice President Name Jennifer L. Daigneau		
Street Address 792 Wrights Crossing Road			Street Address 792 Wrights Crossing Road		
City Pomfret Center	State CT	Zip 06259	City Pomfret	State CT	Zip 06259
Secretary Name Joyce M. Daigneau			Treasurer Name Harold Daigneau		
Street Address 792 Wrights Crossing Road			Street Address 792 Wrights Crossing Road		
City Pomfret Center	State CT	Zip 06259	City Pomfret Center	State CT	Zip 06259
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series Common		Par Value \$1.00 par	
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.					

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.

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: John J. Partridge Date: Feb 14, 2009  
Print or Type Name: John J. Partridge  
Title: Assistant Secretary

<b>FILED</b>	
File Date	<b>FEB 13 2009</b>
Check No.	
By:	<b>10892</b>
FOR SECRETARY OF STATE USE ONLY	

Daigneau Insurance Agency, Inc.

93996

Additional Officer:

Assistant Secretary: John J. Partridge, 180 South Main Street, Providence, RI 02903

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**FILED**  
FEB 13 2009  
By 93996