

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(cerd)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 18645		poration ency of Portsmouth, Inc.				
3. Street Address Principal Business Office Two Corporate Place, 4. Business Phone No. 5. State of Incorporation			City Middletown	State RI	Zip Q 2 8 4 2	
401-683-3900 Rhode Island						
6. Brief Description of the Charac General insurance agen	ts.					
President Name	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
V. David Andrade			None			
Street Address 	rato Plad	r o	Street Address			
CityMiddletown	rate Plac State RI	^{Zip} 02842	Спу	State	246	
Secretary Name V. David Andrade			Treasurer Name John F. Robitaille		co Sillar	
Street Address			Street Address			
	rate Plac	ce	Two Corporate Place			
City	State RI	Zib	Cfty	State RI	25	
8. NAMES AND ADDRESS	SES OF THE DIR	ectors. (22862 for att	ACHARAMET PHE I	n spaces before usin	G ATTISSHIPLET IS	
Director Name V. David Andrade			Victor M. Andrade			
Street Address			Street Address			
Two Corporate Place City State Zib			Two Corporate Place			
City	1	Zip	City,	State	Zip	
Middletown RI (02842 Director Name			Middletown RI 02842			
Street Address			Street Address			
СНу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				("X" BOX FOX ATTAC	[7][[][[][[][][][][][][][][][][][][][][
TELL TURN OF THE	41 6 2	1 000 0.3 0	Number of Shares	Class/Series	Par Value	
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.			950	Common	No par	
manucaon ancet.				inop muer bu Si		
		the corporation by an authorize		corporation is in the hand	s of a receiver or trustee,	

File Da	re		=11_	ED		
Check?		F	EB 2	4 200	9	
<i>B</i> v:		Ву	1	111	X	
	FO	R SECI	etary o	FSTATE U	SE ONLY	

Under penalty of perjury, I declare and aff	irm that I have examined this report
including any accompanying schedules ar	id statements, and that all statement
contained herein are true and correct.	
contained herein are true and correct.	2/3/

V. David Andrade

Print or Type Name

President

Title