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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
17903	WICKFORD INSURANCE AGENCY, INC.

3 Street Address Principal Business Office	City	State	Zip
650 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852

4 Business Phone No.	5 State of Incorporation
401-294-3304	RHODE ISLAND

6 Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE SALES

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

President Name	Vice President Name
ELIZABETH SCHNEIDER	CHRISTOPHER SCHNEIDER & DEREK SCHNEIDER
Street Address: 339 WIDOW SWEETS ROAD	Street Address: P O BOX 433
City: EXETER · State: RI · Zip: 02822	City: NORTH KINGSTOWN · State: RI · Zip: 02852
Secretary Name: CHRISTOPHER SCHNEIDER	Treasurer Name: DEREK SCHNEIDER
Street Address: 12 TEFT COURT	Street Address: 1 BEVERLY ANN DRIVE
City: HOPE VALLEY · State: RI · Zip: 02832	City: HOPKINTON · State: RI · Zip: 02833

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

Director Name	Director Name
ELIZABETH SCHNEIDER	CHRISTOPHER SCHNEIDER
Street Address:	Street Address:
City: · State: · Zip:	City: · State: · Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: · State: · Zip:	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
10	COMMON	NO PAR

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]

FILED
File Date FEB 26 2009
Check No. By
By:
FOR SECRETARY OF STATE USE ONLY
31446-23-353084

[redacted]

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 *Date* 2/24/09

ELIZABETH SCHNEIDER
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 08/08