



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. 000104022		2. Name of Corporation Leo Desjarlais Associates, Inc.			
3. Street Address Principal Business Office 469 Centerville Road, Suite 203			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-0010		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Market and Act as a Broker of Insurance Products Throughout New England					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo Desjarlais			Vice President Name Deborah Desjarlais		
Street Address 27 Tam Way			Street Address 27 Tam Way		
City East Falmouth	State MA	Zip 02536	City East Falmouth	State MA	Zip 02536
Secretary Name Bernard A. Poirier			Treasurer Name Deborah Desjarlais		
Street Address 31A Mount Hygeia Road			Street Address 27 Tam Way		
City Foster	State RI	Zip 02825	City East Falmouth	State MA	Zip 02536
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo Desjarlais			Director Name Bernard A. Poirier, CPA		
Street Address 27 Tam Way			Street Address 31A Mount Hygeia Road		
City East Falmouth	State MA	Zip 02536	City Foster	State RI	Zip 02825
Director Name Deborah Desjarlais			Director Name		
Street Address 27 Tam Way			Street Address		
City East Falmouth	State MA	Zip 02536	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1.00 par value	1,000	Common	\$1.00 par value

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.

File Date	3-4-09
Check No.	1254
By:	mnc
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: Leo Desjarlais Date: 2/25/09
Leo Desjarlais
Print or Type Name
President
Title