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
000104022	Leo Desjarlais Associates, Inc.

3. Street Address Principal Business Office	City	State	Zip
469 Centerville Road, Suite 203	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
401-738-0010	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To Marker and Act as a Broker of Insurance Products Throughout New England

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

President Name	Street Address	City	State	Zip
Leo Desjarlais	27 Tam Way	East Falmouth	MA	02536

Vice President Name	Street Address	City	State	Zip
Deborah Desjarlais	27 Tam Way	East Falmouth	MA	02536

Secretary Name	Street Address	City	State	Zip
Bernard A. Poirier	31A Mount Hygeia Road	Foster	RI	02825

Treasurer Name	Street Address	City	State	Zip
Deborah Desjarlais	27 Tam Way	East Falmouth	MA	02536

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

Director Name	Street Address	City	State	Zip
Leo Desjarlais	27 Tam Way	East Falmouth	MA	02536
Deborah Desjarlais	27 Tam Way	East Falmouth	MA	02536

Director Name	Street Address	City	State	Zip
Bernard A. Poirier, CPA	31A Mount Hygeia Road	Foster	RI	02825

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	$1.00 par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	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.

[redacted]

File Date 3-4-09
Check No. 1254
By: mnc
FOR SECRETARY OF STATE USE ONLY

[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 [redacted] *Date* 2/25/09

Leo Desjarlais
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06