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 2008

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(e&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No. 67033	2. Name of Corporation Patricia Manning Smith Agency Inc.		
3. Street Address Principal Business Office 2790 South County Trail	City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-1300	5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island Sales of Insurance			

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

President Name	Vice President Name
Patricia Manning Smith	Bruce K Smith
Street Address 2790 South County Trail	Street Address 2790 South County Trail
City East Greenwich, State RI, Zip 02818	City E. G., State RI, Zip 02818
Secretary Name Patricia Manning Smith	Treasurer Name Bruce K Smith
Street Address 2790 South County Trail	Street Address 2790 South County Trail
City East Greenwich, State RI, Zip 02818	City East Greenwich, State RI, Zip 02818

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

Director Name	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

9. SHARES AUTHORIZED	10. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐		
	ISSUED SHARES — 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.	Number of Shares	Class/Series	Par Value
	0	0	0
	THIS SECTION MUST BE COMPLETED		
	0	0	0

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.

FILED
AUG 13 2009
By 096612
11:22

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.

Patricia Manning Smith 8-4-09
Signature *Date*

Patricia Manning Smith
Print or Type Name

President
Title

Data Done
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
36721-8-382427

Form 630 Rev. 08/08