



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 2007

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)(4)) is subject to a penalty fee of \$25.00.

1. Certificate 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.S.			
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 Patricia Manning Smith			Vice President Name 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 ()		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			0	0	0
			THIS SECTION MUST BE COMPLETED		
			0		

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 STATE
 DIVISION

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 _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

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 AUG 13 2009
 By 090612
 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.

Signature: Patricia Manning Smith 8-4-09
 Date: _____
 Print or Type Name: Patricia Manning Smith
 Title: President