



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 2006

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(c), 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)(4)) 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 Rt	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) <input type="checkbox"/> 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 Rt	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 Rt	Zip 02818	City East Greenwich	State RI
Zip 02818	8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>	
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		

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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.

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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

FOR SECRETARY OF STATE USE ONLY

RECEIVED

CHECK NO.

DATE