



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. 108142		2. Name of Corporation INSURANCE CONCEPTS, INC.			
3. Street Address Principal Business Office 255 Main Street, Suite 310			City Pawtucket	State Rhode Island	Zip 02860
4. Business Phone No. 401-722-5323		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Cicerone			Vice President Name		
Street Address 636 Eddie Dowling Highway			Street Address		
City North Smithfield	State Rhode Island	Zip 02896	City	State	Zip
Secretary Name Stephen Cicerone			Treasurer Name Stephen Cicerone		
Street Address 636 Eddie Dowling Highway			Street Address 636 Eddie Dowling Highway		
City North Smithfield	State Rhode Island	Zip 02896	City North Smithfield	State Rhode Island	Zip 028965
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
			5,000	CNP	\$0

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 STATE
 CORPORATIONS 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.

FILED
AUG 14 2009
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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.

Signature: [Signature] Date: 8-14-09
 Print or Type Name: Stephen Cicerone
 Title: PRESIDENT

File Date _____
 Check No. _____
 By: _____
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