

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 2010 401.222.305

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.I. 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

1. Corporate ID No.	2. Name of Co	prporation		· · · · · · · · · · · · · · · · · · ·	
3 Street Address Principal Busin	Vincent P	ellegrino Insurance Adjus	ters		
3. Street Address Principal Business Office 275 Reservoir Avenue			City Providence	State RI	Σψ 02907
4. Business Phone No. 5. State of Incorporation 401-467-2680 Rhode Island				<u>_</u>	02907
6. Brief Description of the Charac To investigate and adjust	ter of Business Condi	ucted in the de to			
President Name		FICERS: ("X" BOX FOR ATT	ACHMENT) [] FILL IN Vice President Name	SPACES BEFORE USIN	G ATTACHMENTS
Vincent Pellegrino			Michael Pellegrino		
Street Address 111 Cliff Drive			Street Address 68 Newport Avenue		
City Narragansett	State RI	Ζψ 02882	City Wickford	State RI	Zip
Secretary Name Brian Pellegrino		······································	Treasurer Name		02852
Street Address			Vincent Pellegrino Street Address		
119 Roger Williams Drive			111 Cliff Drive		
Wickford	RI	02852	City Narragansett	State	Zip
8. NAMES AND ADDRESSE	S OF THE DIRE	ECTORS: ("X" BOX FOR AT	: TACHMENT) □ FILL IN	SPACES REFORE USIN	02882
Vincent Pellegrino			Director Name	. STROES BEFORE USI	NG ATTACHMENTS
treet Address			Brian Pellegrino		
111 Cliff Drive			Street Address 119 Roger Williams Drive		
City	State	Zip	: 119 Roger Williams		
Narragansett	RI	02882	Wickford	State RI	<i>Ζί</i> ρ
Director Name Michael Pellegrino			Director Name		[02852
Street Address					
68 Newport Avenue			Street Address		
City Wickford	State RI	<i>Ζι</i> ρ 02852	City	State	Z.ip
9. SHARES AUTHORIZED	1	102002	10 SHAPES ISSUED	("V" DOY FOR	_ 1 _
		·	ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC	HMENT)
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
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his report must be executed	on behalf of the	e corporation by an authorized	d representative. If the co	rporation is in the hand	s of a receiver or trustee
ms report must be executed	on behalf of the	corporation by the receiver o	r trustee.		o or a receiver of trustee,
			Under penalty of per	rjury, I declare and affirm t	hat I have examined this repor
			including any accom- contained herein are	ipanying schedules and sta	tements, and that all statement
File DateFIFI			A G	2 /	
			Signature	Myano	1-6-2010
^{Check No.} JAN 0-8-2010					
8/0n	9		Print or Type Name	T Pellega	< 1.00C
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FOR SECRETARY OF STA	JE USE ONLY		<u> </u>	<u> </u>	
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