RI SOS Filing Number: 201057200300 Date: 01/21/2010 4:00 PM

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 2010

**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. | 2. Name of Corporation |
|---|---|
| 122344 | Inland Underwriters Insurance Agency, Inc. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| One 13th Street - Charlestown Navy Yard | Charlestown | MA | 02129 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 617-242-0244 | Massachusetts |

6. Brief Description of the Character of Business Conducted in Rhode Island
Insurance agent, commercial and personal

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

| President Name | Vice President Name |
|---|---|
| Leon M. Cangiano, Jr. | None |
| Street Address: 433 Walnut Street | Street Address: |
| City: Brookline, State: MA, Zip: 02445 | City: , State: , Zip: |
| Secretary Name: Leon M. Cangiano, Jr. | Treasurer Name: Leon M. Cangiano, Jr. |
| Street Address: 433 Walnut Street | Street Address: 433 Walnut Street |
| City: Brookline, State: MA, Zip: 02445 | City: Brookline, State: MA, Zip: 02445 |

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

| Director Name | Director Name |
|---|---|
| Leon M. Cangiano, Jr. | |
| Street Address: 433 Walnut Street | Street Address: |
| City: Brookline, State: MA, Zip: 02445 | City: , State: , Zip: |
| Director Name: | Director Name: |
| Street Address: | Street Address: |
| City: , State: , Zip: | City: , State: , Zip: |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒**

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 218 | Common | $10.00 |

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.

[redacted]

[redacted]

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.

Leon M. Cangiano, Jr. 1/5/10
*Signature* *Date*

Leon M. Cangiano, Jr.
*Print or Type Name*

President
*Title*

*File Date*
*Check No.*
*By:*
FOR SECRETARY OF STATE USE ONLY

**FILED**
JAN 21 2010
By
108807

[redacted]

44202-16-436733

Form 630 Rev. 08/08