



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000155413

2. Name of Corporation Britton-Gallagher & Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 6240 SOM CENTER ROAD

City or Town: CLEVELAND

State: OH

Zip: 44139

Country: USA

4. Business Phone No.

440-248-4711

5. State of Incorporation

State: OH

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE RELATED SALES AND SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT | BRUCE BALL | 6240 S.O.M. CENTER ROAD CLEVELAND, OH 44139 USA |
| SECRETARY | HAROLD RINDELS | 6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA |
| TREASURER | KENNETH ROSS | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | BRUCE BALL | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | ROCCO DILILLO | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | LAURENCE GODDARD | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | DENNIS LAUGHLIN | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | BRADLEY STAMMLER | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |
| DIRECTOR | ERIC TREEND | 6240 SOM CENTER RD CLEVELAND, OH 44139 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP | B | \$0.00 | 42,000.00 | 0 |
| CNP | A | \$0.00 | 65,000.00 | 85073 |

9. 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.

Signed this 28 Day of January, 2010 at 12:17:31 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KENNETH ROSS
Signature of Authorized Representative of the Corporation

TREASURER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Revised 09/07

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