

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

MOPE IN IN I						401.222.30-
PROFIT CORPOR	RATION ANN	UAL REPORT	FOR TH	E YEAR	2005	
Filing Period: January 1 · M		Fee: \$50.00		_		
(FORM MUST BE TYPED OR PRIN	TED IN BLACK)					
1. Corporate ID No.	2. Name of Corporation					
104220	ORGILL/SINGER	& ASSOCIATES, INC.				
3. Street Address Principal Business (Office	1. C. 110	City ,	1/	State n	Zip 3.2
X3(e) (1) ·	Sakara A	Me., Stc. 1/10	Las	Vecas	1011	39/17
4. Business Phone No.	100	5. State of Incorporation NEVADA		J		6. SIC Code 7 5702
7. Brief Description of the Character INSURANCE SALES.	of Business Conducted in Ri	bode Island				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [☐ FILL IN SPAC	ES BEFORE USING A	ATTACHMENTS
President Name	0	11	Vice President No			
Eric	Sprinca.		:			
Street Address	Jeannes	He Street	Street Address			
Cas Veras	State NV	21p 89131	City		State	Zip
Socretary Name Downd	Dahan		Treasurer Name			
Street Address 9404)	Fountain bl	eu	Street Address			
Las Vegas	State NV	Zip 89/28	Сііу		State	Zip
9. names and Addresses	OF THE DIRECTORS	S: ("X" BOX FOR ATT		FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
Director Name Er &	Springe	//	Director Name			
Street Address 6841 -	Jeanne H	e Street	Street Address			
Las Vegas	State NV	21p 89128	Cit _l ι'		State	Zip
Director Name	1 Daha	~	Director Name			
Street Address 9404 F	ountall	Leu	Street Address			
cas Vegas	State NV	2ip 89128	City		State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES	SISSUED ("X" I	BOX FOR ATTACHM	ENT)
AUTHORIZED SHARES			ISSUED SHARES			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

1000

	104220	
File Date	1-18-05	
Check No.	11461	
Ву:	2	
F	FOR SECRETARY OF STATE USE ONLY	

Class/Series

Par Value

Number of Shares

2,500 COMM NO PAR VALUE

Under penalty of perjury, I declare including any accompanying sched	dules and statem	
contained herein are true and corre	ect.	1/14/05
Signature of Officer Davi'cl Dah	an	Date
Print or Type Name of Officer LEO Secre	tary Y	Treasurer
Title of Officer	J	Form 630 Rev. 12/03

Class/Series

Par Value