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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
104220	ORGILL/SINGER & ASSOCIATES, INC.			
3. Street Address Principal Business Office: 550 E. Charleston Blvd., Suite H		City: Las Vegas	State: NV	Zip: 89104
4. Business Phone No.: 702 796 9100	5. State of Incorporation: NEVADA			6. SIC Code: 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE SALES.

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

President Name	Street Address	City	State	Zip
Eric K. Springall	550 E. Charleston Blvd., Ste. H	Las Vegas	NV	89104

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
David Dahan	550 E. Charleston Blvd. Ste H	Las Vegas	NV	89104

Treasurer Name	Street Address	City	State	Zip
David Dahan	550 E. Charleston Blvd. Ste H	Las Vegas	NV	89104

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

Director Name	Street Address	City	State	Zip
Eric K. Springall	550 E. Charleston Blvd Ste H	Las Vegas	NV	89104

Director Name	Street Address	City	State	Zip
David Dahan	550 E. Charleston Blvd. Ste H	Las Vegas	NV	89104

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,500 COMM NO PAR VALUE		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		No par value

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

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

Eric K. Springall 1/16/04
Signature of Officer *Date*

Eric K. Springall
Print or Type Name of Officer

President
Title of Officer

File Date 1-16-04

Check No. 09689

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03