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

A. Ralph Mollis, Secretary of Sta
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401 222-30

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
145946	POOLE PROFESSIONAL LTD INSURANCE AGENTS AND BROKERS

3. Street Address Principal Business Office	City	State	Zip
1343 GREEN END AVENUE	MIDDLETOWN	RI	02842

4. Business Phone No.	5. State of Incorporation
781-245-5400	MASSACHUSETTS

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

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

President Name	Street Address	City	State	Zip
CHRISTOPHER A POOLE	107 AUDUBON ROAD	WAKEFIELD	MA	01810

Vice President Name	Street Address	City	State	Zip
THOMAS M MULLARD	107 AUDUBON ROAD	WAKEFIELD	MA	01810

Secretary Name	Street Address	City	State	Zip
CHRISTOPHER A POOLE	107 AUDUBON ROAD	WAKEFIELD	MA	01810

Treasurer Name	Street Address	City	State	Zip
DOUGLAS E POOLE	107 AUDUBON ROAD	WAKEFIELD	MA	01810

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

Director Name	Street Address	City	State	Zip
CHRISTOPHER A POOLE	107 AUDUBON ROAD	WAKEFIELD	MA	01810

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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
1000	A	$1.00

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]

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

Signature *Date* 7/21/10

CHRISTOPHER A POOLE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED

Check No. JUL 22 2010

By 513312-530322 22890

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08