



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 2009

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. 000130305		2. Name of Corporation Platinum Partners Insurance Services, Inc.			
3. Street Address Principal Business Office 100 Corporate Place			City Peabody	State MA	Zip 01960
4. Business Phone No. 978-548-3701		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island Ins. sales & svc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy B. DeRosa			Vice President Name		
Street Address 179 Redington St.			Street Address		
City Swampscott	State MA	Zip 01907	City	State	Zip
Secretary Name Cornelius C. Felton, III			Treasurer Name Richard E. Berlin, Jr.		
Street Address 721 Bay Rd.			Street Address 2 Walker Rd.		
City Hamilton	State MA	Zip 01936	City Manchester	State MA	Zip 01944
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard E. Berlin, Jr.			Director Name Cornelius C. Felton, III		
Street Address 2 Walker Rd.			Street Address 721 Bay Rd.		
City Manchester	State MA	Zip 01944	City Hamilton	State MA	Zip 01936
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200,000	Class/Series Common/None	Par Value .01

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.

FILED	
File Date	AUG 16 2010
Check No.	By DS
By:	124502
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Timothy B. DeRosa Date 4/29/10
Print or Type Name
President
Title