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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 2004

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			
000130305	Platinum Partners Insurance Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
100 Corporate Place		Peabody	MA	01960
4. Business Phone No.	5. State of Incorporation			
978-548-3701	MA			

6. Brief Description of the Character of Business Conducted in Rhode Island
Ins. sales & srvc.

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

President Name			Vice President Name		
Timothy B. DeRosa					
Street Address			Street Address		
179 Redington St.					
City	State	Zip	City	State	Zip
Swampscott	MA	01907			
Secretary Name			Treasurer Name		
Cornelius C. Felton, III			Richard E. Berlin, Jr.		
Street Address			Street Address		
721 Bay Rd.			2 Walker Rd.		
City	State	Zip	City	State	Zip
Hamilton	MA	01936	Manchester	MA	01944

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

Director Name			Director Name		
Richard E. Berlin, Jr.			Cornelius C. Felton, III		
Street Address			Street Address		
2 Walker Rd.			721 Bay Rd.		
City	State	Zip	City	State	Zip
Manchester	MA	01944	Hamilton	MA	01936
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
200,000	Common/None	.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.

[redacted] **FILED**
AUG 16 2010

File Date By DS
Check No. 12402
By:

FOR SECRETARY OF STATE USE ONLY
52360-9-500049

[redacted]

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 — *Date* 4/29/10

Timothy B deRosa
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08