

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222-3040

2011 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

. Corporate ID No. <b>94828</b>	2. Name of Corporation A. GAZERRO & ASSOCIATES, INC.				
3. Street Address Principal Business Office 1343 Hartford Avenue			City Johnston	State <b>RI</b>	Zψ 02919-0000
9. Business Phone No. 5. State of Incorporation (401) 751-8850 RI					
i. Brief Description of the Character manufacturers' repre	of Business Conducted in sentative	rRbode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) TILL IN SPA	CES BEFORE USING	ATTACHMENTS
Andrew Gazerro, Jr.			Andrew Gazerro, Jr.		
Street Address 25 Thomas Lane			Street Address 25 Thomas Lane		
Cranston	State <b>RI</b>	<i>Zip</i> <b>02921</b> −	City Cranston	State RI	Ζψ 02921-
Secretary Name Dolores A. Gazerro			Treasurer Name Dolores A. Gazerro		
Street Address 25 Thomas Lane			Street Address 25 Thomas Lane		
Cranston	State RI	02921-	Cranston Cranston	State RI	<i>Ζiμ</i> <b>02921-</b>
. NAMES AND ADDRESSES Director Name Andrew Gazerro, Jr.	OF THE DIRECTO	RS: ("X" BOX FOR ATT	ACHMENT)  FILL IN SP Director Name Dolores A. Gazerro	ACES BEFORE USING	G ATTACHMENTS
Street Address 25 Thomas Lane			Street Address 25 Thomas Lane		
Cranston	State RI	<i>Zip</i> <b>02921</b> -	City Cranston	State RI	74p 02921-
Director Name none			Director Name none		
Street Address <b>none</b>			Street Address none		
none	State none	zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			200	Common	No Par
			n service de la companie		
This report must be executed his report must be executed	on behalf of the co	rporation by an authorize poration by the receiver of	d representative. If the corpor trustee.	oration is in the hands	s of a receiver or trus
	FD	-1	inclusting any accompa	ry, I declare and affirm tanying schedules and sta	hat I have examined thitements, and that all sta
T .			contained herein are to	ue and/obrrect.	1/1/1/ 1/ 01/01
File Date JAN 1	1 2011	1	Julien.	~ JUZENO	1/-/0-// 01/03

Andrew Gazerro, Jr. Print or Type Name President Title Form 630 Rev. 08/08