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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000155413

2. Name of Corporation Britton-Gallagher & Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 6240 SOM CENTER ROAD
City or Town: CLEVELAND State: OH Zip: 44139 Country: USA

4. Business Phone No.

5. State of Incorporation

State: OH

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

Insurance Agency

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE H. BALL	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
TREASURER	KENNETH ROSS	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
SECRETARY	HAROLD RINDELS	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
VICE PRESIDENT	ERIC S. TREEND	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
DIRECTOR	BRUCE H. BALL	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
DIRECTOR	ROCCO DI LILLO	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
DIRECTOR	LAURENCE GODDARD	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
DIRECTOR	DENNIS LAUGHLIN	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA
DIRECTOR	BRADLEY STAMMLER	6240 SOM CENTER ROAD CLEVELAND, OH 44139 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP	B	$0.00	42,000.00	0
CNP	A	$0.00	65,000.00	80630

9. 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.

Signed this 3 Day of February, 2011 at 4:44:01 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DARETH JEFFERS
Signature of Authorized Representative of the Corporation

POA
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Revised 09/07

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