



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
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 23268		2. Name of Corporation JAMIEL INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 429 MAIN STREET, PO BOX 405			City WARREN	State RI	Zip 02885
4. Business Phone No. 401-245-0900		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES OF ALL LINES OF INSURANCE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HIRUM A JAMIEL II			Vice President Name N/A		
Street Address 429 MAIN STREET, PO BOX 405			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name HIRUM A JAMIEL II			Treasurer Name HIRUM A JAMIEL II		
Street Address 429 MAIN STREET, PO BOX 405			Street Address 429 MAIN STREET, PO BOX 405		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MORPHIS A JAMIEL			Director Name HIRUM A JAMIEL II		
Street Address 10 MARKET STREET			Street Address 429 MAIN STREET, PO BOX 405		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	Class/Series	Par Value
			30	A	NO PAR VALUE
			2970	B	NO PAR VALUE

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 **FEB 15 2011**
Check No. _____
By: **BY 24423**
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.

2-14-2011

Signature _____ Date _____
HIRUM A JAMIEL II
Print or Type Name
PRESIDENT
Title