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 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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
000108262	STERLING JEWELERS INSURANCE AGENCY INC.			
3. Street Address Principal Business Office		City	State	Zip
375 GHENT ROAD		AKRON	OH	44333
4. Business Phone No.	5. State of Incorporation			
(330) 665-6582	DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island				
INSURANCE AGENCY				

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

President Name	Street Address	City	State	Zip
MARK S. LIGHT	375 GHENT ROAD	AKRON	OH	44333
Vice President Name	**Street Address**	**City**	**State**	**Zip**
SIMON L. CASHMAN	375 GHENT ROAD	AKRON	OH	44333
Secretary Name	**Street Address**	**City**	**State**	**Zip**
GEORGE S. FRANKOVICH	375 GHENT ROAD	AKRON	OH	44333
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
ROBERT D. TRABUCCO	375 GHENT ROAD	AKRON	OH	44333

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

Director Name	Street Address	City	State	Zip
MARK S. LIGHT	375 GHENT ROAD	AKRON	OH	44333
Director Name	**Street Address**	**City**	**State**	**Zip**
RONALD W. RISTAU	375 GHENT ROAD	AKRON	OH	44333
Director Name	**Street Address**	**City**	**State**	**Zip**
ROBERT D. TRABUCCO	375 GHENT ROAD	AKRON	OH	44333
Director Name	**Street Address**	**City**	**State**	**Zip**
LYNN DENNISON	375 GHENT ROAD	AKRON	OH	44333

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
1000	CNP	0.00

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]

File Date FILED
Check No. FEB 28 2011
By: BY 4992619
FOR SECRETARY OF STATE USE ONLY

[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 [redacted] *Date* 2/18/11

GEORGE S. FRANKOVICH
Print or Type Name

VICE PRESIDENT & SECRETARY
Title