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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 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			
59937	Scituate Insurance Agency, Inc.			
3. Street Address Principal Business Office		City	State	Zip
528 Putnam Pike/P.O. Box 550		Greenville	RI	02828
4. Business Phone No.	5. State of Incorporation			
401-949-0559	RHODE ISLAND			

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
Nancy R. Brush-Mendizabal	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

Vice President Name	Street Address	City	State	Zip
David A. Brush	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

Secretary Name	Street Address	City	State	Zip
Nancy R. Brush-Mendizabal	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

Treasurer Name	Street Address	City	State	Zip
David A. Brush	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

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

Director Name	Street Address	City	State	Zip
David A. Brush	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

Director Name	Street Address	City	State	Zip
Nancy R. Brush-Mendizabal	528 Putnam Pike/P.O. Box 550	Greenville	RI	02828

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	Common	no par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	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 28 2011

Check No. BY 76664

By:

FOR SECRETARY OF STATE USE ONLY

59702-115-600550

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* 2/28/11

Nancy R. Brush-Mendizabal
Print or Type Name

President
Title

Form 630 Rev. 12/06