

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

. Corporate ID No.	1.2-1501(e), each corporation fulling 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)). 2. Name of Corporation					
333377	McDoneld	McDonald Adjusters of				
Sirect Address Principal Busines. 10 Hopkins Aven		Jan Con	City	State	Zip	
4 71			Johnston	RI	02919	
401-751-7000		5. State of Incorporation Rhode Is				
Brief Description of the Characte	r of Business Conducted	in Rhode Island	tand			
NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN S	DACES DESCRIPTION		
esideni Name	:		Vice President Name	PACES BEFORE USING	ATTACHMENTS	
imothy McDonald			Thomas F. Mc	Donald		
itreel Address			Greet Address			
10 Hopkins Avenue			10 Hopkins Avenue			
Johnston	State	Zip	Cuy	State	150	
	RI	02919	Johnston	RI	^{Zip} 02919	
retary Name			Treasurer Name			
Thomas F. McDonald			Thomas F. McDonald Street Address			
10 Hopkins Avenue			10 Hopkins Avenue			
Johnston	State	Zip	City	State	Zip	
	RI	02919	Johnston	RI	4 '	
rior Name	OF THE DIRECT	KS: ("X" BOX FOR AT	Johnston TACHMENT) FILL IN S	PACES BEFORE USIN	G ATTACHMENTS	
	•		Director Name	PARTY PROCESSES		
None et Address			<u>:</u>			
A banks I book			Stribet Address		· · · · · · · · · · · · · · · · · · ·	
	T 21					
	State	ZIp	City	State	Zip	
cior Name	J		*******************************			
			Director Name	*********************		
H Address						
i Ainireas	•		Sireei Address	* * * * * * * * * * * * * * * * * * * *		
	Contr					
	State	Zip	City	State	Zip	
HARES AUTHORIZED	l Name of a second and	1				
00 no par value	an Agailte - Canada Ang		10. SHARES ISSUED (*	X* BOX FOR ATTACH	MENT)	
		· · · · · · · · · · · · · · · · · · ·	ISSUED SHARES — THIS SECTION	ON MUST BE COMPLETED	ri alike it for t imel De Groed (St. 1 ₀ 00).	
s information is currently	of record in the Off	ice of the Secretary of	Number of Shares	Class/Series	Par Value	
late. Changes require an additional filing. See Section 9 of			None	C-		
ruction sheet,				Common	no par value	
				OLEGOBERAL SE	- varue	
ate. Changes require an additional filing. See Section 9 of struction sheet.			None	Common		
				\$ 11 State 25 March 17 TV		
report must be executed o	on behalf of the cor	poration by an authorized	representative. If the corp	oration is in the hands	of a	
	n behalf of the corp	oration by the receiver of	r trustee.		or a receiver of truste	
report must be executed of						
report must be executed o						
report must be executed o			•			
report must be executed o						

File Date FEB 2 8 2011 Check No. B TY_ FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affinincluding any accompanying schedules and	rm that I have examined this report, I statements, and that all statements
contained herein are true and correct.	- 2/18/2011
Signature	Date
Thomas F. McDonald	
Print or Type Name	
Vice President	
77.1	

Form 630 Rev. 08/08.