



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. 2646		2. Name of Corporation Robert E. Borah & Associates, Inc.			
3. Street Address Principal Business Office 10 Orms Street Suite 310			City Providence	State RI	Zip 02904
4. Business Phone No. 401-274-5500		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance and Employee Benefit Consulting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert E. Borah			Vice President Name James R. Borah		
Street Address 10 Curt Street			Street Address 10 Millstone Court		
City Seekonk	State MA	Zip 02771	City Mansfield	State MA	Zip 02048
Secretary Name Robert E. Borah			Treasurer Name James R. Borah		
Street Address 10 Curt Street			Street Address 10 Millstone Court		
City Seekonk	State MA	Zip 02771	City Mansfield	State MA	Zip 02048
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert E. Borah			Director Name Ann Borah		
Street Address 10 Curt Street			Street Address 10 Curt Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 1000	Class/Series A	Par Value 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 **OCT 07 2011**
Check No. **2654**
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.

Signature
James R. Borah

Print or Type Name
Vice President

Title