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			
2646	Robert E. Borah & Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
10 Orms Street Suite 310		Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			
401-274-5500	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			Vice President Name		
Robert E. Borah			James R. Borah		
Street Address			Street Address		
10 Curt Street			10 Millstone Court		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Mansfield	MA	02048
Secretary Name			Treasurer Name		
Robert E. Borah			James R. Borah		
Street Address			Street Address		
10 Curt Street			10 Millstone Court		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Mansfield	MA	02048

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

Director Name			Director Name		
Robert E. Borah			Ann Borah		
Street Address			Street Address		
10 Curt Street			10 Curt Street		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	A	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.

[redacted]

FILED

File Date OCT 07 2011

Check No. 26554

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 *Date* 10/6/2011

James R. Borah
Print or Type Name

[redacted] Vice President
Title