



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 2012

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. 120471 | | 2. Name of Corporation The Weiner Company, Inc. | | | |
| 3. Street Address Principal Business Office One McKinley Square | | | City Boston | State MA | Zip 02109 |
| 4. Business Phone No. 617-742-2444 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency Services | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Stephen B. Weiner | | | Vice President Name Constance A. Parish | | |
| Street Address One McKinley Square | | | Street Address One McKinley Square | | |
| City Boston | State MA | Zip 02109 | City Boston | State MA | Zip 02109 |
| Secretary Name Peter A. Barry | | | Treasurer Name Richard D. Weiner | | |
| Street Address One McKinley Square | | | Street Address One McKinley Square | | |
| City Boston | State MA | Zip 02109 | City Boston | State MA | Zip 02109 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| Director Name NONE | | | Director Name NONE | | |
| Street Address NONE | | | Street Address NONE | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 MUST BE COMPLETED | | |
| | | | Number of Shares 168 | Class/Series COMM/Voting | 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

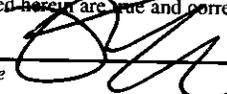
Filing Date: **JAN 17 2012**

Check No. **8912**

By: _____

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:  Date: **1/10/12**

Richard D. Weiner
Print or Type Name
Treasurer
Title