



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, 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. 121139		2. Name of Corporation R.L. SCOLAMIERO INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office 18 MAINSAIL DRIVE		City MARSHFIELD	State MA	Zip 02050
4. Business Phone No. 781-248-8848		5. State of Incorporation MA		
6. Brief Description of the Character of Business Conducted in Rhode Island PAYMENT PROTECTION OF AUTO LOANS THRU FINANCIAL INSTITUTIONS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RONALD L. SCOLAMIERO		Vice President Name RONALD L. SCOLAMIERO		
Street Address 18 MAINSAIL DRIVE		Street Address SAME		
City MARSHFIELD	State MA	Zip 02050	City SAME	State MA
Secretary Name RONALD L. SCOLAMIERO		Treasurer Name RONALD L. SCOLAMIERO		
Street Address SAME		Street Address SAME		
City MARSHFIELD	State MA	Zip 02050	City SAME	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name RONALD L. SCOLAMIERO		Director Name N/A		
Street Address SAME		Street Address N/A		
City MARSHFIELD	State MA	Zip 02050	City N/A	State MA
Director Name N/A		Director Name N/A		
Street Address N/A		Street Address N/A		
City MARSHFIELD	State MA	Zip 02050	City N/A	State MA
9. SHARES AUTHORIZED 1,000		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 1000	Class/Series CNP.	Par Value \$1.00

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  
Check No.  
By: CM 161755 10:57

BY 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  
Print or Type Name  
Title