RI SOS Filing Number: 201289182630 Date: 02/06/2012 4:00 PM

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.	2. Name of Corporation			
135877	Ialongo Insurance Agency, Inc.			
3. Street Address Principal Business Office	City	State	Zip	
63 Sockanosset Crossroad, Suite 3B	CRANSTON	RI	02920	
4. Business Phone No.	5. State of Incorporation			
401-738-4200	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of selling all lines of insurance including but not limited to property & casualty insurance, life & accident & health

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

President Name			Vice President Name		
JASON T. IALONGO			JASON T. IALONGO		
Street Address			Street Address		
60 INDIAN TRAIL			60 INDIAN TRAIL		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921
Secretary Name			Treasurer Name		
JASON T. IALONGO			JASON T. IALONGO		
Street Address			Street Address		
SAME AS ABOVE			SAME AS ABOVE		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
JASON T. IALONGO					
Street Address			Street Address		
SAME AS ABOVE					
City	State	Zip	City	State	Zip
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
100	COMMON	NO PAR

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.

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.

2-1-2012

Signature *Date*

JASON T. IALONGO
Print or Type Name

PRESIDENT
Title

FILED
File Date _____
Check No. FEB 0 6 2012
By: BY 1903
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 FEB-6 PM 12:15

Form 630 Rev. 08/08

72927-22-722567