



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33916		2. Exact name of the Corporation Sinclair Investment Company			
3. Principal office address 170 Westminster Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-861-6700		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island To acquire, purchase, hold, sell, etc. stocks, bonds and other forms of investment entities.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rosalyn Sinclair			Vice-President Name		
Street Address above			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Mary E. McGinn			Treasurer Name William Piccerelli		
Street Address above			Street Address 144 Westminster Street		
City	State	Zip	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rosalyn Sinclair			Director Name Sarah Sinclair		
Street Address above			Street Address above		
City	State	Zip	City	State	Zip
Director Name William Piccerelli			Director Name		
Street Address above			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100.36	common	\$.10

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 **FEB 10 2012**
 Check No **6009**
 BY **[Signature]**
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]
 Signature of Authorized Representative Date
Mary E. McGinn Secretary 02/08/2012
 Print or Type Name of Authorized Representative