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. 000556075	2. Exact name of the Corporation: Carabitses Agency, Inc.		
3. Principal office address: 559 Putnam Pike	City: Greenville	State: RI	Zip: 02828
4. Business Phone No.: 401-949-5090	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Allstate Insurance Agency. Property and Casualty Insurance			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Lambert N Carabitses			Vice-President Name: Panagiota Carabitses		
Street Address: 903 Providence Place Apt 430			Street Address: 903 Providence Place Apt 430		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Panagiota Carabitses			Treasurer Name: Lambert N Carabitses		
Street Address: 903 Providence Place Apt 430			Street Address: 903 Providence Place Apt 430		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Lambert N Carabitses			Director Name: Panagiota Carabitses		
Street Address: 903 Providence Place Apt 430			Street Address: 903 Providence Place Apt 430		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common A	NO PAR

FILED

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.

Signature of Authorized Representative ______ Date 2/15/2012

Lambert N Carabitses President
Print or Type Name of Authorized Representative

File Date FEB 15 2012
Check No. 1080
By: ______
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

73283-34-723560