



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. 4393		2. Name of Corporation FRANK P. COFONE AGENCY, INC.			
3. Street Address Principal Business Office 26 WESTMINSTER ST.		City Westerly	State R.I.	Zip 02891	
4. Business Phone No. 401-596-3191		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANK P. COFONE		Vice President Name FRANK P. COFONE			
Street Address 26 WESTMINSTER ST.		Street Address 26 WESTMINSTER ST.			
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
Secretary Name FRANK P. COFONE		Treasurer Name FRANK P. COFONE			
Street Address 26 WESTMINSTER ST.		Street Address 26 WESTMINSTER ST.			
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FRANK P. COFONE		Director Name NONE			
Street Address 26 WESTMINSTER ST.		Street Address			
City Westerly	State R.I.	Zip 02891	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1,000 - 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

File Date MAR 05 2012
Check No. By MNC
By: 6987
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 Frank P. Cofone Date 2/27/12
Print or Type Name FRANK P. COFONE
Title President