



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. 103794		2. Exact name of the Corporation Woodbine Insurance Associates, Inc.		
3. Principal office address 321 South Main Street, Suite 301		City Providence	State RI	Zip 02903
4. Business Phone No (401) 463-3884		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the general insurance brokerage business.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name Michael J. Woodbine		Vice-President Name Michael J. Woodbine		
Street Address 1429 Warwick Avenue, Suite 6		Street Address same as above		
City Warwick	State RI	Zip 02888	City	State
Secretary Name Michael J. Woodbine		Treasurer Name Michael J. Woodbine		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	common	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.

File Date _____
Check No. _____
By: _____
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.

FILED

Michael J. Woodbine 3/20/12
Signature of Authorized Representative Date

Michael J. Woodbine
Print or Type Name of Authorized Representative