



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 2010

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000089986		2. Name of Corporation BancBoston Insurance Agency of Rhode Island, Inc.	
3. Street Address Principal Business Office 10315 Montgomery St.		State San Francisco Ca	Zip 94104
4. Business Phone No. 415/613-8012		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance agency			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Merrily Gerrush		Vice President Name Annuela Haynes	
Street Address 10315 Montgomery St.		Street Address 10315 Montgomery St.	
City San Francisco Ca	State Ca	City San Francisco Ca	State Ca
Zip 94104	Zip 94104	Zip 94104	Zip 94104
Secretary Name Christine Costamagna		Treasurer Name Christine Costamagna	
Street Address 315 Montgomery St.		Street Address	
City San Francisco Ca	State Ca	City	State
Zip 94104	Zip 94104	Zip	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Merrily S. Gerrush		Director Name	
Street Address Same as above		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
9. SHARES AUTHORIZED 8000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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 1000	Class/Series common .01

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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 \_\_\_\_\_

Check No. APR 30 2012

By: 169612 11:57

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: Christine Costamagna Date: 1/19/12

Print or Type Name: Christine Costamagna

Title: Secretary & Treasurer