



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 **2010**

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. 121569		2. Exact name of the Corporation James L. Miniter Insurance Agency, Inc.			
3. Principal office address 80 Washington Square Bldgs P55/56		City Norwell	State MA	Zip 02061	
4. Business Phone No. 781-982-3100		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Julianne M. Donley			Vice-President Name		
Street Address 95 Satuit Meadows Lane			Street Address		
City Norwell	State MA	Zip 02061	City	State	Zip
Secretary Name Julianne M. Donley			Treasurer Name Julianne M. Donley		
Street Address 95 Satuit Meadows Lane			Street Address 95 Satuit Meadows Lane		
City Norwell	State MA	Zip 02061	City Norwell	State MA	Zip 02061
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Julianne M. Donley			Director Name		
Street Address 95 Satuit Meadows Lane			Street Address		
City Norwell	State MA	Zip 02061	City	State	Zip
Director Name			Director Name		
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.					
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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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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BY Ch 179560
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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 Julianne M. Donley Date 7/6/12
 Print or Type Name of Authorized Representative Julianne M. Donley