



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 **2013**

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. 161219		2. Exact name of the Corporation FARMINGTON INSURANCE AGENCY, INC.			
3. Principal office address 24 Farmington Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. 401-944-2230		5. State of Incorporation Rhode Island			
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 type="checkbox"/>					
President Name MICHELE A. CALABRESE			Vice-President Name JOSEPH CALABRESE		
Street Address 11 Westview Drive			Street Address 1134 Plainfield Street		
City Mansfield	State MA	Zip 02048	City Johnston	State RI	Zip 02919
Secretary Name JOSEPH CALABRESE			Treasurer Name MICHELE A. CALABRESE		
Street Address 1134 Plainfield Street			Street Address 11 Westview Drive		
City Johnston	State RI	Zip 02919	City Mansfield	State MA	Zip 02048
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Shares	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

FILED
 JAN 18 2013

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.

Michele Calabrese 1/16/13
 Signature of Authorized Representative Date
MICHELE A. CALABRESE
 Print or Type Name of Authorized Representative