



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. 534246		2. Exact name of the Corporation Budlong Corr Insurance Group, Inc					
3. Principal office address 105 Frenchtown Road				City East Greenwich		State RI	Zip 02818
4. Business Phone No. 401-884-0400				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Insurance Sales							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Tracy L. Bouchard				Vice-President Name William F. Apicerno			
Street Address 105 Frenchtown Road				Street Address 105 Frenchtown Road			
City East Greenwich		State RI	Zip 02811	City East Greenwich		State RI	Zip 02818
Secretary Name Tracy L Bouchard				Treasurer Name William F. Apircerno			
Street Address 105 Frenchtown Road				Street Address 105 Frenchtown Road			
City East Greenwich		State RI	Zip 02818	City East Greenwich		State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name William F. Apicerno				Director Name Tracy L Bouchard			
Street Address 105 Frenchtown Road				Street Address 105 Frenchtown Road			
City East Greenwich		State RI	Zip 02818	City Est Greenwich		State RI	Zip 02818
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	
				200	Common	none	

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 _____

FILED

Check No _____

JAN 24 2013

By: _____

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.

Tracy L. Bouchard, President 1/10/13
 Signature of Authorized Representative Date

Tracy L. Bouchard President

FOR SECRETARY OF STATE USE ONLY

By *mmc*

Print or Type Name of Authorized Representative

Ch # 1092