



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. 792409		2. Exact name of the Corporation Joseph Doura Agency, Inc.		
3. Principal office address 1188 A Main Street		City Chepachet	State RI	Zip 02814
4. Business Phone No. 401-5687143		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Insurance Sales				
President Name Joseph Doura		Vice-President Name		
Street Address 5 Bow Street		Street Address		
City Coventry	State RI	Zip 02816	City	State
Secretary Name Joseph Doura		Treasurer Name Joseph Doura		
Street Address 5 Bow Street		Street Address 5 Bow Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (✓ BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Joseph Doura		Director Name		
Street Address 5 Bow Street		Street Address		
City Coventry	State RI	Zip 02816	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (✓ 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
		50,000	CNP	\$0.00

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 30 2013
 3154

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

Date

Print or Type Name of Authorized Representative