



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. 121139		2. Exact name of the Corporation R.L. SCOLAMIERO INSURANCE AGENCY, INC.			
3. Principal office address 18 MAINSAIL DRIVE			City MARSHFIELD	State MA	Zip 02050
4. Business Phone No. 781-248-8848			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island SALE & SERVICING OF CREDIT LIFE & A&H COVERAGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RONALD L. SCOLAMIERO			Vice-President Name RONALD L. SCOLAMIERO		
Street Address 18 MAINSAIL DRIVE			Street Address 18 MAINSAIL DRIVE		
City MARSHFIELD	State MA	Zip 02050	City MARSHFIELD	State MA	Zip 02050
Secretary Name RONALD L. SCOLAMIERO			Treasurer Name RONALD L. SCOLAMIERO		
Street Address 18 MAINSAIL DRIVE			Street Address 18 MAINSAIL DRIVE		
City MARSHFIELD	State MA	Zip 02050	City MARSHFIELD	State MA	Zip 02050
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RONALD L. SCOLAMIERO			Director Name		
Street Address 18 MAINSAIL DRIVE			Street Address		
City MARSHFIELD	State MA	Zip 02050	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
			1000	CNP	NPV

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 BY CM193003

FILED

MAR 19 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.
 Signature of Authorized Representative: [Signature]
 Date: 3/14/13
RONALD L. SCOLAMIERO
 Print or Type Name of Authorized Representative