



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000086679

2. Name of Corporation MEDICAL PROFESSIONAL LIABILITY AGENCY, LTD.

3. Street Address Principal Business Office:

No. and Street: 370 WEST PARK AVENUE
PO BOX 9004

City or Town: LONG BEACH State: NY Zip: 11561-9004 Country: USA

4. Business Phone No.

516-431-4441

5. State of Incorporation

State: NY

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE BUSINESS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SALVATORE SCUDERI	370 WEST PARK AVE. LONG BEACH, NY 11561 US
TREASURER	ALISTAIR T. LIND	370 WEST PARK AVENUE LONG BEACH, NY 11561 US
SECRETARY	JOHN A. PETRILLI	370 WEST PARK AVENUE LONG BEACH, NY 11561 US
VICE PRESIDENT	TIMOTHY OSULLIVAN	370 WEST PARK AVE LONG BEACH, NY 11561 US

VICE PRESIDENT	TIMOTHY D. DELANEY	370 WEST PARK AVENUE LONG BEACH, NY 11561 US
VICE PRESIDENT	GAIL W. REILLY	370 WEST PARK AVENUE LONG BEACH, NY 11561 US
VICE PRESIDENT	ARACELI E. MIR	146 ROCK HILL DRIVE ROCK HILL, NY 12775 US
VICE PRESIDENT	GAIL W REILLY	370 WEST PARK AVE. LONG BEACH, NY 11561 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200.00	12

9. 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.

Signed this 14 Day of January, 2014 at 9:42:11 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GAIL W. REILLY
Signature of Authorized Representative of the Corporation

SVP
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved