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 2014

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.	2. Exact name of the Corporation			
69007	**DiSanto Insurance, Inc.**			
3. Principal office address: **117 Metro Center Boulevard, Suite 1004**		City: **Warwick**	State: **RI**	Zip: **02886**
4. Business Phone No.: **401-732-9100**		5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Insurance**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) • X BOX FOR ATTACHMENT ☐

President Name: **Thomas J. DiSanto**			Vice-President Name:		
Street Address: **117 Metro Center Boulevard, Suite 1004**			Street Address:		
City: **Warwick**	State: **RI**	Zip: **02886**	City:	State:	Zip:
Secretary Name: **Thomas J. DiSanto**			Treasurer Name: **Thomas J. DiSanto**		
Street Address: **117 Metro Center Boulevard, Suite 1004**			Street Address: **117 Metro Center Boulevard, Suite 1004**		
City: **Warwick**	State: **RI**	Zip: **02886**	City: **Warwick**	State: **RI**	Zip: **02886**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) • X BOX FOR ATTACHMENT ☐

Director Name:			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 ☐

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	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.

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 29 2014
13:18

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: 1/22/14

Thomas J. DiSanto
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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