



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

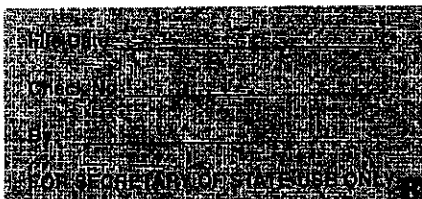
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 69007		2. Exact name of the Corporation 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					
LIST ALL OFFICERS (NAME, ADDRESS, AND PHONE NUMBER) IN 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
LIST ALL DIRECTORS (NAME, ADDRESS, AND PHONE NUMBER) IN 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
SHARES AUTHORIZED FOR ISSUANCE					
SHARES ISSUED (COMMON STOCK)					
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.



FILED

JAN 29 2014

1318

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

Thomas J. DiSanto

Print or Type Name of Authorized Representative