



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 2015

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. 000794967		2. Exact name of the Corporation Elkins-Jones Insurance Agency, Inc.			
3. Principal office address 12100 Wilshire Blvd. #300		City Los Angeles	State CA	Zip 90025	
4. Business Phone No. 310-207-9796		5. State of Incorporation CA			
6. Brief description of the character of business conducted in Rhode Island Property & Casualty Insurance Broker					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Janet C. Jones			Vice-President Name Jeffrey Shibata		
Street Address 12100 Wilshire Blvd. #300			Street Address 12100 Wilshire Blvd. #300		
City Los Angeles	State CA	Zip 90025	City Los Angeles	State CA	Zip 90025
Secretary Name			Treasurer Name Helen Finney		
Street Address			Street Address 12100 Wilshire Blvd. #300		
City	State	Zip	City Los Angeles	State CA	Zip 90025
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Janet C. Jones			Director Name Jeffrey Shibata		
Street Address 12100 Wilshire Blvd. #300			Street Address 12100 Wilshire Blvd. #300		
City Los Angeles	State CA	Zip 90025	City Los Angeles	State CA	Zip 90025
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
			4000	CWP	\$10.00

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

DEC 13 2014

BY

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

12/09/2014

Date

Janet C. Jones

Print or Type Name of Authorized Representative