



**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. <b>86185</b>		2. Exact name of the Corporation <b>Sarah Insurance Services, Inc.</b>			
3. Principal office address <b>1026 Mineral Spring Avenue</b>		City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>401-725-6739</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To sell insurance products and to provide related services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Michael A. Sarah</b>			Vice-President Name <b>John R. Sarah, Sr.</b>		
Street Address <b>1026 Mineral Spring Avenue</b>			Street Address <b>1026 Mineral Spring Avenue</b>		
City <b>North providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Michael A. Sarah</b>			Treasurer Name <b>John R. Sarah</b>		
Street Address <b>1026 Mineral Spring Avenue</b>			Street Address <b>1026 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Michael A. Sarah</b>			Director Name <b>John R. Sarah, Sr.</b>		
Street Address <b>1026 Mineral Spring Avenue</b>			Street Address <b>1026 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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
			200	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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**  
**JAN 16 2015**

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 **1-5-15**

FOR SECRETARY OF STATE USE ONLY

**5576**

**Michael A. Sarah**  
 Print or Type Name of Authorized Representative