



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 141173		2. Exact name of the Corporation Independent Insurance Agents of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To preserve, strengthen, promote and represent the interests of the Independent Insurance Agents within the American Insurance Agency			
5. Principal office address 2400 Post Road			City Warwick	State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert T. Harnett			Vice-President Name Robert B. Paquin		
Street Address 80 Main Road			Street Address P.O. Box 10		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Mark A. Male			Treasurer Name Mark A. Male		
Street Address 2400 Post Road			Street Address 2400 Post Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kenneth Thompson, Jr.			Director Name David Woodmansee		
Street Address 896 Broadway			Street Address P.O. Box 246		
City East Providence	State RI	Zip 02914	City Wyoming	State RI	Zip 02898
Director Name Francis X. Doyle			Director Name John Kaul		
Street Address 110 Royal Little Drive			Street Address 73 Valley Road		
City Providence	State RI	Zip 02904	City Middletown	State RI	Zip 02842
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUN 04 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.

File Date _____
 Check No _____
 By: _____ **BY** _____
FOR SECRETARY OF STATE USE ONLY

3746

Signature of Officer or Authorized Representative

Date

4/20/15

Mark A. Male

Print or Type Name of Officer or Authorized Representative

IIARI OFFICERS 2015

PRESIDENT ELECT

Richard B. Paquin
P.O. Box 10
Tiverton, RI 02878

STATE NATIONAL DIRECTOR

Robert G. Slocum
1229 Greenwich Avenue
Warwick, RI 02886

BOARD OF DIRECTORS

Thomas J. Regan
1130 Ten Rod Road, Suite B202
North Kingstown, RI 02858

Denise Smith
664 Armistice Boulevard
Pawtucket, RI 02861

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BY 141173