RI SOS Filing Number: 201585925940 Date: 10/27/2015 4:00 PM

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.	2. Exact name of the Corporation
23268	JAMIEL INSURANCE AGENCY INC

3. Principal office address	City	State	Zip
429 MAIN STREET; PO BOX 405	WARREN	RI	02885

4. Business Phone No.	5. State of Incorporation
401-245-8900 X13	RI

6. Brief description of the character of business conducted in Rhode Island
SALES OF ALL LINES OF INSURANCE

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

President Name	Street Address	City	State	Zip
HIRUM A JAMIEL II	429 MAIN STREET; PO BOX 405	WARREN	RI	02885

Vice-President Name	Street Address	City	State	Zip
SAME				

Secretary Name	Street Address	City	State	Zip
HIRUM A JAMIEL II	429 MAIN STREET; PO BOX 405	WARREN	RI	02885

Treasurer Name	Street Address	City	State	Zip
HIRUM A JAMIEL II	429 MAIN STREET; PO BOX 405	WARREN	RI	02885

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

Director Name	Street Address	City	State	Zip
HIRUM A JAMIEL II	429 MAIN STREET; PO BOX 405	WARREN	RI	02885

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
30	A	NO PAR VALUE
2970	B	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.

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: 10-22-2015

HIRUM A JAMIEL II, PRESIDENT
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.
By:

FILED
OCT 27 2015
BY 252696

Form No. 630
Revised: 01/2012

127009-6-1055403