

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.

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1. Entity ID No.	2. Exact name of the Corporation						
23268	JAMIEL	. INSURAN	CE AGENC	Y INC			
3. Principal office address			City		State	Zip	
429 MAIN STREET; PO BOX 405			WARREN		RI	02885	
4. Business Phone No. 401-245-8900 X13			5. State of Incorporation	on			
6. Brief description of the charact	er of business cond	ducted in Rhode Island	1		*******	The state of the s	
SALES OF ALL LINE	S OF INSURA	ANCE					
President Name HIRUM A JAMIEL II			Vice-President Name SAME				
Street Address 429 MAIN STREET; I	PO BOX 405	W14	Street Address			Henry Age	
City WARREN	State RI	Zip 02885	City	***************************************	State	Zip	
Secretary Name			Treasurer Name		L		
ḤIRUM A JAMIEL II			HIRUM A JAMIEL II				
Street Address			Street Address				
429 MAIN STREET; PO BOX 405			429 MAIN STREET; PO BOX 405				
City WARREN	State RI	Zip 02885	City		State	Zip	
8 USTALL DIRECTORS (NAM					RI	02885	
Director Name			Director Name				
HIRUM A JAMIEL II			N/A				
Street Address			Street Address				
429 MAIN STREET; I							
City WARREN	State RI	^{Zip} 02885	City	, ,,,,,,,,,	State	Zip	
Director Name N/A			Director Name N/A				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
& SIJARES AUTHORIZED	医水管水管缝		OLSHARES ISSUED	XI BOX	OR ATTAC	HMENT)	
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/SE		PAR VALUE	
			30		Α	NO PAR VALUE	
			2970		В	NO PAR VALUE	
This report must be executed on t	behalf of the corpo his report must be	ration by an authorize executed on behalf of	d representative. If the co the corporation by the re	orporation is ceiver or tru	s in the hand ustee.	s of a receiver or trustee,	

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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

10-22-2015

Date

HIRUM A JAMIEL II, PRESIDENT

Form No. 630 Revised: 01/2012 BY Print or Type Name of Authorized Representative