

## 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 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.	F .	2. Exact name of the Corporation  Herbert L. Emers, Inc.				
12829	Herber					
Principal office address     81 S. Angell Street			City Providence	State <b>RI</b>	Zip <b>02906</b>	
4. Business Phone No. <b>401-274-0303</b>			5. State of Incorporation  Rhode Island			
. Brief description of the Insurance Agency		s conducted in Rhode Island	3			
LIST ALL OFFICERS	(NAMES AND ADDF	ESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Jill Brody			Vice-President Name NoNE			
Street Address 43 East Orchard Avenue			Street Address			
ity Providence	State RI	Zip <b>02906</b>	City	State	Zip	
ecretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
LIST ALL DIRECTORS	S (NAMES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name NoNE			Director Name None			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
irector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		HMENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			NUMBER OF SHARES CLASS/SERIES PAR VALUE			
			600	CNP		
	uted on behalf of the	corporation by an authorize st be executed on behalf of	ed representative. If the	corporation is in the hand	ds of a receiver or trustee	
File Date		FILED	Under penalty of p this report, Includi	erjury, I declare and aff	irm that I have examine schedules and stateme are true and correct	
Check No	<u>augunum munimini munum</u>	JAN 1 9 2016 >		with	110 HUO UIM OUITEUL	
By:		223	Signature of Author	ized Representative	Date	
FOR SECRETARY OF	STATE USE ONEY		Jill Brody			

Form No. 630 Revised: 01/2012