



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 16572		2. Exact name of the Corporation Vincent Pellegrino Insurance Adjusters, Inc.			
3. Principal office address 275 Reservoir Ave			City Providence	State RI	Zip 02907
4. Business Phone No. 401-467-2860		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Insurance Adjusting for Insurance Companies and self insured entities					
President Name Michael Pellegrino			Vice-President Name Brian Pellegrino		
Street Address 61 Newport Ave			Street Address 119 Roger Williams Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	CNP	1.00

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 _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

FILED
 FEB 12 2016
 RL KL 4769

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.

Michael Pellegrino 2/1/16
 Signature of Authorized Representative Date

Michael Pellegrino
 Print or Type Name of Authorized Representative