



**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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>108262</b>		2. Exact name of the Corporation <b>STERLING JEWELERS INSURANCE AGENCY INC.</b>			
3. Principal office address <b>375 GHENT ROAD</b>			City <b>AKRON</b>	State <b>OH</b>	Zip <b>44333</b>
4. Business Phone No. <b>330-665-6582</b>			5. State of Incorporation <b>DELAWARE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>INSURANCE</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			1000	CNP	0

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

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 \_\_\_\_\_

**LAUREL KRUEGER, VP & SECRETARY**

Print or Type Name of Authorized Representative

**FILED**

FEB 19 2016

BY 5835234 DS

**STERLING JEWELERS INSURANCE AGENCY INC.  
SCHEDULE OF OFFICERS**

**DIRECTORS**

<b><u>NAME</u></b>	<b><u>BUSINESS ADDRESS</u></b>	<b><u>EXPIRATION OF TERM</u></b>
MARK S. LIGHT	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
MICHELE SANTANA	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
J. LYNN DENNISON	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

**OFFICERS**

<b><u>NAME</u></b>	<b><u>BUSINESS ADDRESS</u></b>	<b><u>EXPIRATION OF TERM</u></b>
MARK S. LIGHT CHIEF EXECUTIVE OFFICER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
ED HRABAK PRESIDENT	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
ROBERT D. TRABUCCO EXECUTIVE VICE PRESIDENT AND TREASURER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
SIMON L. CASHMAN SENIOR VICE PRESIDENT FINANCE AND ASSISTANT SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
J. LYNN DENNISON SIGNET CHIEF LEGAL, COMPLIANCE AND CORPORATE AFFAIRS OFFICER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
LAUREL KRUEGER VICE PRESIDENT AND SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
KATHLEEN A. MACHAN ASSISTANT SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

**FILED**

FEB 19 2015

BY 5835235 DS

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