



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. 10846		2. Exact name of the Corporation Paolino Insurance Agency, Inc.			
3. Principal office address 100 Westminster Street, 17th Floor		City Providence	State RI	Zip 02903	
4. Business Phone No. (401) 421-2588		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gregory A. Paolino			Vice-President Name Anthony J. Paolino, Jr.		
Street Address 290 Fletcher Road			Street Address 30 Deep Meadow Lane		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Secretary Name Anthony J. Paolino, Jr.			Treasurer Name Gregory A. Paolino		
Street Address 30 Deep Meadow Lane			Street Address 290 Fletcher Road		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			20	Common	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.

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

FILED

FEB 25 2016

BY CA 268650

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 Gregory A. Paolino Date 2/25/16
Print or Type Name of Authorized Representative President