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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.	2. Exact name of the Corporation		
18778	Iannitelli Agency, Inc.		
3. Principal office address: 535 Putnam Pike	City: Greenville	State: RI	Zip: 02828
4. Business Phone No.: 401 949-1230	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Insurance & related services			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Richard B. Iannitelli			Vice-President Name: none		
Street Address: 99 Dean Avenue			Street Address:		
City: Smithfield	State: RI	Zip: 02917	City:	State:	Zip:
Secretary Name: Richard B. Iannitelli			Treasurer Name: Richard B. Iannitelli		
Street Address: 99 Dean Avenue			Street Address: 99 Dean Avenue		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: N/A			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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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.

Richard B. Iannitelli 3/4/16
Signature of Authorized Representative — Date

Richard B. Iannitelli — President
Print or Type Name of Authorized Representative

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

FILED
MAR 07 2016
BY 21235

Form No. 630
Revised: 01/2012
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