RI SOS Filing Number: 201694001740 Date: 03/07/2016 4:00 PM

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
64193	G & L INSURANCE ASSOCIATES, INC.

3. Principal office address	City	State	Zip
963 Charles Street	North Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
401-727-1683	RI

6. Brief description of the character of business conducted in Rhode Island
Selling Casualty, life, Health, Disability & Automotive Insurance of any nature.

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

President Name	Street Address	City	State	Zip
Pamela L. Mowry	P.O. Box 40760	Providence	RI	02940

Vice-President Name	Street Address	City	State	Zip
Steven L. Gianquitti	P.O. Box 40760	North Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Steven L. Gianquitti	P.O. Box 40760	Providence	RI	02940

Treasurer Name	Street Address	City	State	Zip
Pamela L. Mowry	P.O. Box 40760	North Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
n/a				
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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
800	Common Stock	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.

Pamela L Mowry — Signature of Authorized Representative — Date 2/29/2016

Pamela L Mowry — Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2016
BY 012899

Form No. 630
Revised: 01/2012

133553-25-1114919