



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. 64193		2. Exact name of the Corporation G & L INSURANCE ASSOCIATES, INC.			
3. Principal office address 963 Charles Street		City North Providence	State RI	Zip 02904	
4. Business Phone No. 401-727-1683		5. State of Incorporation 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 Pamela L. Mowry			Vice-President Name Steven L. Gianquitti		
Street Address P.O. Box 40760			Street Address P.O. Box 40760		
City Providence	State RI	Zip 02940	City North Providence	State RI	Zip 02904
Secretary Name Steven L. Gianquitti			Treasurer Name Pamela L. Mowry		
Street Address P.O. Box 40760			Street Address P.O. Box 40760		
City Providence	State RI	Zip 02940	City North Providence	State RI	Zip 02904
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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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.					

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

MAR 07 2016

BY **012099**

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

Pamela L. Mowry
Print or Type Name of Authorized Representative

Date

2/29/2016