



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Selling Casualty, life, Health, Disability & Automotive Insurance of any nature.												
5. State of Incorporation Rhode Island		624210												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 Providence	State RI	Zip 02940									
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 Providence	State RI	Zip 02940									
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STORIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>800</td> <td>Common Stock</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/STORIES	PAR VALUE	800	Common Stock	No Par Value			
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800	Common Stock	No Par Value												
11. 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.														
Name of Authorized Representative Pamela L. Mowry					Date 1-25-2018									
Signature of Authorized Representative Pamela L. Mowry					FILED									