

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

	Matthew A. Brown, Se	ecreta	ry of State		407.2
PROFIT	CORPORATIO	N A	NNUAL REPORT FOR THE YEAR	2005	
			Filing Fee: \$50.00	-	

(FORM MUST BE TYPED OR PRINT	TED IN BIACK)					
1. Corporate ID No. 2. Name of Corporation						
123706	J F G, Inc.		<u></u>	12		
3. Street Address Principal Business Of 999 Chalkstone			City Providence	State R I_	02908	
4. Business Phone No.		5. State of Incorporation		 -	6 SIC Cixte	
(401) 351 5700		RHODE ISLAND			5702	
7. Brief Description of the Character of	f Business Conducted in Rh IN AND OTHERWISE C	ode Island OPERATE AN INSURAN	CE AGENCY			
TO ESTABLISH, MAINTAIN AND OTHERWISE OPERATE AN INSURANCE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACE President Name Jack F. Guiragos, Jr.			HMENT)	PACES BEFORE USING	ATTACHMENTS	
Sinvi Addness			Street Address			
675 Hartford A	VP State	Zip	City	State	Zψ	
Providence	RI	02909	G. .,			
Secretary Name	1	L	Treasurer Name			
Jack F. Cuiron	oc Ir		lack F. Guiragos Ir			
Sirect Address	;os, Jr,		Street Address			
675 Hartford A			675 Hartford A			
City		Zip	Cliy	State	Zip	
Providence	RI		Providence	RI SPACES BEFORE USIN	02909	
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: (A BOA POR BITE	Director Name	SPACES BEFORE USAN	·	
Sirver Address			Street Address			
City	State	Ζψ	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zψ	Clŋ:	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED (*.	X" BOX FOR ATTACHS	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
100 COMM NO PAR VALUE						
TOO COMMINITO PAR VALUE	<u></u> .		10	Common	No Par Value	
This report must be s	igned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer, R	Receiver or Trustee	
1111111		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.				
File Date			Signature of Officer Signature of Officer Signature of Officer Print or Type Name of Officer			
						FOR SECRETARY OF STATE USE ONLY
, on againment of oth		I	Title of Officer		Form 630 Rev. 12/03	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

STOP PIEASE REAU INSTRUCTIONS

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1909
<u>.</u>
ır Value

File Date: 1-26-04

Check No.: 4032

By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Starture of Officer

COHNT F GUIRR GOS JR

Presiden

Title of Office

⇔ 5

Form 630 12/01

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

STOP
PLEASE READ INSTRUCTIONS
- 13

Filing Period: January 1-	-March 1 • Fil	ling Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED OR PRINTED		· <u> </u>	·		
1. Carporate ID No.	2. Name of Corporation				
123706 3. Street Address Principal Business Off	JFG, Inc.		1 City	State	ZIP
			Providence -	DT	02000
4. Business Phone No.	one ave.	S. State of Incorporation	rriovidence	KI -	6. SIC Code 8 -
_(401) 351 5		RHODE ISLAND			_ <u> </u>
7. Brief Description of the Character of	Business Conducted in Rho	ode Island			
Insurance_a 8. NAMES AND ADDRESSE	gency	RS ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES	BEFORE USING ATTACH!	MENTS
President Name	<u></u>		Vice President Name		
Jack F. Gui	ragos,_Jr		<u> </u>		
			Street Address		3
675 Hartfor	G AVE	Fzip		State	Zip
Providence		02909	•	İ	
Secretary Name	d		Treasurer Name	••••••••••	
Jack F. Gui	ragos, Jr.	, 	Jack F. Gu	uiragos,_Jr	·
Street Address 675 Hartfor			:		
	State	Zip	: O/J_Hartic	ord_Ave	Zip
Providence	RT	02909	Providence	1	02903
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTA		ES BEFORE USING ATTAC	HMENTS
Director Name			Director Name		
Street Address			Street Address		
• .			:		
City	State 1	Zip	City	State	Zip
Director Name	A second of the second	<u>de , </u>	Director Name	······································	
Director Manie		•	•		
Street Address			Street Address		
		,			
City	State	i Zip	· Cliy	State	Zip
io. Shares authorized	("X" BOX FOR ATTACH	MENT) [1	11 SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	TA BOX TON ATTACK		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			10	\	
	· 		10	_ common	nopar_value
This report must be signed	I in ink hu aithar	the President Vice	President Secretary Ace	istant Secretary Treasur	er Receiver or Trustee
ima ichorr mast ne signen	. IL ILK Oy EITHEI	the resident, vice	i testaciit, sectetary, 1833	, incasur	en, meterice of musice
 					

* 1 2 3 7 0 6 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 2/5/03	that all statements contained therein are true and correct.
Check No.: 2976 Ju	Signatur of Officer Day Day COHN F GULRAGOS JR
By:	Print or Type Name of Officer Polsice
TON SECRETARY OF STREET CORE ONE)	Title of Officer Form 630 12702