



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

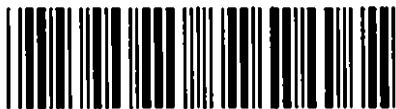
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123706		2. Name of Corporation JFG, Inc.		
3. Street Address Principal Business Office 999 Chalkstone Avenue		City Providence	State RI	Zip 02908
4. Business Phone No. (401) 351 5700		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH, MAINTAIN AND OTHERWISE OPERATE AN INSURANCE AGENCY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jack F. Guiragos, Jr.		Vice President Name		
Street Address 675 Hartford Ave.		Street Address		
City Providence	State RI	Zip 02909	City	State
Secretary Name Jack F. Guiragos, Jr.		Treasurer Name Jack F. Guiragos, Jr.		
Street Address 675 Hartford Ave.		Street Address 675 Hartford Ave.		
City Providence	State RI	Zip 02909	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 COMM NO PAR VALUE			10	Common
				No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1-31-05
Check No.	25387
By:	2c
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.

John F. Guiragos Jr. 1/20/05
Signature of Officer Date
JOHN F. GUIRAGOS JR. 1/20/05
Print or Type Name of Officer
President
Title of Officer



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

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 2004

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

123706

J F G, Inc.

3. Street Address Principal Business Office

999 Chalkstone Ave

City

State

Zip

Providence

RI

02908

4. Business Phone No.

(401) 351 5700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Agency

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Jack F. Guiragos, Jr.

Street Address

675 Hartford Ave.

City

State

Zip

Providence, RI

02909

Secretary Name

Treasurer Name

Jack F. Guiragos, Jr.

Jack F. Guiragos, Jr.

675 Hartford Ave.

675 Hartford Ave.

Providence RI

02909

Providence

RI

02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMMON NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

10

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 1-26-04

Check No.: 4032

By: [Signature]

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.

John F Guiragos Jr 1/8/04

Signature of Officer

JOHN F GUIRAGOS JR

Print or Type Name of Officer

President

Title of Officer



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

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 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123706		2. Name of Corporation JFG, Inc.	
3. Street Address Principal Business Office 999 Chalkstone Ave.		City Providence	State RI
4. Business Phone No. (401) 351 5700		5. State of Incorporation RHODE ISLAND	Zip 02908
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance agency		6. SIC Code 5702	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Jack F. Guiragos, Jr.		Vice President Name	
Street Address 675 Hartford Ave.		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
Secretary Name Jack F. Guiragos, Jr.		Treasurer Name Jack F. Guiragos, Jr.	
Street Address 675 Hartford Ave.		Street Address 675 Hartford Ave.	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02903	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
100 COMM NO PAR VALUE		10	common
			no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 7 0 6 *

File Date: 2/5/03
Check No.: ~~2976~~ 2976
By: [Signature]
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.

Signature of Officer: John F. Guiragos Jr. Date: 2/3/03
Print or Type Name of Officer: JOHN F. GUIRAGOS JR.
Title of Officer: President