



**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. 53131		2. Name of Corporation Aloisio Insurance Associates, Inc.			
3. Street Address Principal Business Office 1232 Mineral Spring Avenue			City North Prov.,	State RI	Zip 02904
4. Business Phone No 401 722-6500		5. State of Incorporation RHODE ISLAND			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL INSURANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arthur M. Aloisio			Vice President Name Mary E. Dwyer		
Street Address 1232 Mineral Spring Avenue			Street Address 1232 Mineral Spring Avenue		
City N. Prov.,	State RI	Zip 02904	City N. Prov.,	State RI	Zip 02904
Secretary Name Carol A. Aloisio			Treasurer Name Carol A. Aloisio		
Street Address 1232 Mineral Spring Avenue			Street Address 1232 Mineral Spring Avenue		
City N. Prov.,	State RI	Zip 02904	City N. Prov.,	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<del>XXXXXX</del> Asst. Secretary Arthur O. Aloisio			Director Name none		
Street Address 1232 Mineral Spring Avenue			Street Address		
City N. Prov.,	State RI	Zip 02904	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
8,000 COMM \$1.00 PAR VALUE			8000	COM	\$1.00

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



File Date 2-2-05  
Check No. 20746  
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.

Arthur M. Aloisio 2-1-05  
Signature of Officer Date

Arthur M. Aloisio  
Print or Type Name of Officer  
President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>53131</b>		2. Name of Corporation <b>Aloisio Insurance Associates, Inc.</b>			
3. Street Address Principal Business Office <b>1232 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>401 722-6500</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5702</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL INSURANCE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Arthur M. Aloisio</b>			Vice President Name <b>Mary E. Dwyer</b>		
Street Address <b>1232 Mineral Spring Avenue</b>			Street Address <b>1232 Mineral Spring Avenue</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Carol A. Aloisio</b>			Treasurer Name <b>Carol A. Aloisio</b>		
Street Address <b>1232 Mineral Spring Avenue</b>			Street Address <b>1232 Mineral Spring Avenue</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<del>XXXXXXXXXX</del> Asst. Secretary <b>Arthur O. Aloisio</b>			Director Name <b>none</b>		
Street Address <b>1232 Mineral Spring Avenue</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
<b>8,000 COMM \$1.00 PAR VALUE</b>			<b>8000</b>	<b>COM</b>	<b>\$1.00</b>

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



\* 5 3 1 3 1 \*

File Date 2-20-04  
Check No. 19909  
By: 100  
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.

Arthur M. Aloisio 1/30/04  
Signature of Officer Date  
ARTHUR M. Aloisio  
Print or Type Name of Officer  
President  
Title of Officer



**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. **53131**  
2. Name of Corporation **Aloisio Insurance Associates, Inc.**  
3. Street Address Principal Business Office  
**1232 Mineral Spring Avenue**  
4. Business Phone No. **401 722-6500**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Insurance.**

City **North Providence** State **RI** Zip **02904**  
6. SIC Code **5702**

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

President Name  
**Arthur M. Aloisio**  
Street Address  
**1232 Mineral Spring Avenue**  
City **North Providence** State **RI** Zip **02904**

Vice President Name  
**Mary E. Dwyer**  
Street Address  
**1232 Mineral Spring Avenue**  
City **North Providence** State **RI** Zip **02904**

Secretary Name  
**Carol A. Aloisio**  
Street Address  
**1232 Mineral Spring Avenue**  
City **North Providence** State **RI** Zip **02904**

Treasurer Name  
**Carol A. Aloisio**  
Street Address  
**1232 Mineral Spring Avenue**  
City **North Providence** State **RI** Zip **02904**

~~X~~ **ASST/ SECRETARY**  
Name **Arthur O. Aloisio**  
Street Address  
**1232 Mineral Spring Avenue**  
City **North Providence** State **RI** Zip **02904**

~~X~~ **DIRECTOR**  
Director Name **none**  
Street Address  
City State Zip  
Director Name **none**  
Street Address  
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 COMM	\$1.00 PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
8000	COM	\$1.00

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



\* 5 3 1 3 1 \*

File Date: 2/5/03  
Check No.: 019091  
By: DM  
FOR SECRETARY OF STATE USE ONLY OM

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.

Arthur M. Aloisio 2-4-03  
Signature of Officer Date

Arthur M. Aloisio  
Print or Type Name of Officer  
President  
Title of Officer





**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 53131 2. Name of Corporation Aloisio Insurance Associates, Inc.  
3. Street Address Principal Business Office 1232 Mineral Spring Avenue North Providence RI 02904  
4. Business Phone No. 401 722-6500 5. State of Incorporation Rhode Island 6. SIC Code 5702  
7. Brief Description of the Character of Business Conducted in Rhode Island  
General Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name Arthur M. Aloisio Street Address 1232 Mineral Spring Avenue City State Zip North Providence RI 02904	Vice President Name Mary E. Dwyer Street Address 1232 Mineral Spring Avenue City State Zip North Providence RI 02904
Secretary Name Carol A. Aloisio Street Address 1232 Mineral Spring Avenue City State Zip North Providence RI 02904	Treasurer Name Carol A. Aloisio Street Address 1232 Mineral Spring Avenue City State Zip North Providence RI 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name Arthur O. Aloisio Street Address 1232 Mineral Spring Avenue City State Zip North Providence RI 02904	Director Name  Street Address  City State Zip  
---	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00

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

File Date: 1/8  
Check No.: 17229  
By: ce  
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: Arthur M. Aloisio Date: 1-5-01  
ARTHUR M. ALOISIO  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 53131 2. Name of Corporation Aloisio Insurance Associates, Inc.  
3. Street Address Principal Business Office 1232 Mineral Spring Avenue City North Providence State RI Zip 02904  
4. Business Phone No. 401 722-6500 5. State of Incorporation Rhode Island 6. SIC Code 5702  
7. Brief Description of the Character of Business Conducted in Rhode Island  
General Insurance

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name Arthur M. Aloisio Street Address 1232 Mineral Spring Avenue City North Providence State RI Zip 02904	Vice President Name Mary E. Dwyer Street Address 1232 Mineral Spring Avenue City North Providence State RI Zip 02904
Secretary Name Carol A. Aloisio Street Address 1232 Mineral Spring Avenue City North Providence State RI Zip 02904	Treasurer Name Carol A. Aloisio Street Address 1232 Mineral Spring Avenue City North Providence State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00 PAR VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00

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

File Date: 5 11 2001 NO 016263  
JUN 10 2001  
Check No.: \_\_\_\_\_  
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.

Arthur M. Aloisio 1-4-00  
Signature of Officer Date  
ARTHUR M. ALOISIO  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>53131</b>		2. Name of Corporation <b>Aloisio Insurance Associates, Inc.</b>	
3. Street Address Principal Business Office <b>1232 Mineral Spring Avenue</b>		City <b>North Providence RI</b>	State <b>RI</b>
4. Business Phone No. <b>401 722-6500</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>5702</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General Insurance</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Arthur M. Aloisio</b>		Vice President Name <b>Mary E. Dwyer</b>	
Street Address <b>1232 Mineral Spring Avenue</b>		Street Address <b>1232 Mineral Spring Avenue</b>	
City <b>North Providence RI</b>	State <b>RI</b>	City <b>North Providence RI</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Carol A. Aloisio</b>		Treasurer Name <b>Carol A. Aloisio</b>	
Street Address <b>1232 Mineral Spring Avenue</b>		Street Address <b>1232 Mineral Spring Avenue</b>	
City <b>North Providence RI</b>	State <b>RI</b>	City <b>North Providence RI</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
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 checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8000 COM \$1.00 PAR VAL</b>		<b>8000</b>	<b>COM</b>
			<b>\$1.00</b>

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



\* 5 3 1 3 1 \*

File Date: 12/10/99

Check No.: 15371

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.

Arthur M. Aloisio 12-9-99  
Signature of Officer Date

**ARTHUR M. ALOISIO**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53131** 2. Name of Corporation **Aloisio Insurance Associates, Inc.**  
3. Street Address Principal Business Office **1232 Mineral Spring Avenue** City **North Providence** State **RI** Zip **02904**  
4. Business Phone No. **401 722-6500** 5. State of Incorporation **Rhode Island** 6. SIC Code **5702**  
7. Brief Description of the Character of Business Conducted in Rhode Island **General Insurance**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

<b>President Name</b> <b>Arthur M. Aloisio</b> Street Address <b>1232 Mineral Spring Avenue</b> City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b>	<b>Vice President Name</b> <b>Mary E. Dwyer</b> Street Address <b>1232 Mineral Spring Avenue</b> City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b>
<b>Secretary Name</b> <b>Carol A. Aloisio</b> Street Address <b>1232 Mineral Spring Avenue</b> City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b>	<b>Treasurer Name</b> <b>Carol A. Aloisio</b> Street Address <b>1232 Mineral Spring Avenue</b> City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<b>Director Name</b>  Street Address  City State Zip	<b>Director Name</b>  Street Address  City State Zip
<b>Director Name</b>  Street Address  City State Zip	<b>Director Name</b>  Street Address  City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00 PAR VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8000	COM	\$1.00

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

File Date: 1-20-98  
Check No.: 14054  
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] 1-16-98  
Signature of Officer Date

**Arthur M. Aloisio**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53131**      2. Name of Corporation **Aloisio Insurance Associates, Inc.**

3. Street Address Principal Business Office      City      State      Zip  
**1232 Mineral Spring Avenue**      **North Providence**      **RI**      **02904**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**401 722-6500**      **RHODE ISLAND**      **6702**

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

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Arthur M. Aloisio</b>	Vice President Name <b>Mary E. Dwyer</b>
Street Address <b>1232 Mineral Spring Avenue</b>	Street Address <b>1232 Mineral Spring Avenue</b>
City      State      Zip <b>North Providence RI      02904</b>	City      State      Zip <b>North Providence RI,      02904</b>
Secretary Name <b>Carol A. Aloisio</b>	Treasurer Name <b>Carol A. Aloisio</b>
Street Address <b>1232 Mineral Spring Avenue</b>	Street Address <b>1232 Mineral Spring Avenue</b>
City      State      Zip <b>North Providence RI      02904</b>	City      State      Zip <b>North Providence RI      02904</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8000 COM</b>	<b>\$1.00 PAR VAL</b>		<b>8000</b>	<b>Common</b>	<b>\$ 1.00</b>

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



File Date: 2-3-97  
 Check No.: 12999  
 By: WP / SEC  
 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.

Arthur M. Aloisio      1-24-97  
 Signature of Officer      Date

**ARTHUR M. ALOISIO**  
 Print or Type Name of Officer

PRESIDENT  
 Title of Officer

# PROFIT CORPORATION ANNUAL REPORT



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 53131		2. NAME OF CORPORATION Aloisio Insurance Associates, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1232 Mineral Spring Ave.		CITY No. Providence	STATE RI
		ZIP CODE 02904	
4. BUSINESS PHONE NO. (401) 722-6500	5. STATE OF INCORPORATION Rhode Island		6. SIC CODE 5702
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND General Insurance			

### B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Arthur M. Aloisio			VICE PRESIDENT NAME Mary E. Dwyer		
STREET ADDRESS 1232 Mineral Spring Avenue			STREET ADDRESS 1232 Mineral Spring Avenue		
CITY No. Providence	STATE RI	ZIP CODE 02904	CITY No. Providence	STATE RI	ZIP CODE 02904
SECRETARY NAME Carol A. Aloisio			TREASURER NAME Carol A. Aloisio		
STREET ADDRESS 1232 Mineral Spring Avenue			STREET ADDRESS 1232 Mineral Spring Avenue		
CITY No. Providence	STATE RI	ZIP CODE 02904	CITY No. Providence	STATE RI	ZIP CODE 02904

### B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8000.00	Common	\$1.00	8000.00	Common	\$1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Aloisio Insurance Associates, Inc.

**FILED**

FEB 02 1996

By JD #55  
155696

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.

Arthur M. Aloisio 1-31-96  
Signature of Officer

ARTHUR M. Aloisio  
Print or Type Name of Officer

President 1-31-96  
Title of Officer Date

File Date:

Check No:

By:

For Secretary of State Use Only



OK # 10707

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0053131 Annual Report for the year: 1995

**Aloisio Insurance Associates, Inc.**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: 1989

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

General insurance

1232 Mineral Spring Avenue  
North Providence, RI 02904

Phone: (401) 722-6500

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Arthur O. Aloisio	1232 Mineral Spring Avenue	North Providence, RI	02904
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Arthur M. Aloisio	1232 Mineral Spring Avenue	North Providence, RI	02904
Mary E. Dwyer	1232 Mineral Spring Avenue	North Providence, RI	02904
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Carol A. Aloisio	1232 Mineral Spring Avenue	North Providence, RI	02904
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Arthur O. Aloisio	1232 Mineral Spring Avenue	North Providence, RI	02904

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>8000</u> Class / Series <u>common</u>	Number of Shares <u>8000</u> Class / Series <u>common</u>

Date February 3, 19 95  
 By: Arthur O. Aloisio  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**PAUL A. SILVER**  
 1500 FLEET CENTER  
 PROVIDENCE RI 02903



Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 53131 Annual Report for the year: 1994

Name of Business Entity: Aloisio Insurance Associates, Inc.

Business entity organized under the laws of the State of: 1989

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1232 Mineral Spring Avenue  
North Providence, RI 02904

Phone: (401) 722-6500

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Arthur O. Aloisio  
1232 Mineral Spring Avenue  
North Providence, RI 02904

Brief statement of the character of business conducted in Rhode Island:

General Insurance

Date of Organization: 12/28/88

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Arthur O. Aloisio	1232 Mineral Spring Avenue	North Prov., RI	02904
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Arthur M. Aloisio--Mary E. Dwyer	1232 Mineral Spring Ave.	North Prov., RI	02904
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	Carol A. Aloisio	1232 Mineral Spring Ave.	North Prov., RI	02904
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Arthur O. Aloisio	1232 Mineral Spring Ave.	North Prov., RI	02904

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	8,000	NUMBER	8,000
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	1.00	PAR VALUE OR WITHOUT PAR	1.00

Date January 21, 1994

By: \_\_\_\_\_

Arthur O. Aloisio

PRINT OR TYPE NAME OF OFFICER SIGNING

ED

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

2015

Corporate ID.....53131..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is Aloisio Insurance Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Insurance

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

1232 Mineral Spring Avenue North Providence, RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Arthur O. Aloisio	President	1232 Mineral Spring Ave., No. Prov., RI
Arthur M. Aloisio	Vice-President	.....
Mary E. Dwyer	Vice President	1232 Mineral Spring Ave., No. Prov., RI
Carol A. Aloisio	Secretary	1232 Mineral Spring Ave., No. Prov., RI
Arthur O. Aloisio	Treasurer	1232 Mineral Spring Ave., No. Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	common		1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	common		1.00

JAN 11 1993  
SECY OF STATE

Dated July 8 19 93

ALOISIO INSURANCE ASSOCIATES, INC.  
(Name of Corporation)

By Arthur O. Aloisio

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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FIFTH: Business address in Rhode Island .....

1232 Mineral Spring Ave., No. Providence, RI 02904 .....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Arthur D. Aloisio	President	1232 Mineral Spring Ave., No. Prov.,
Mary E. & Arthur M. Aloisio	Vice President	1232 Mineral Spring Ave., No. Prov.,
Carol A. Aloisio	Secretary	1232 Mineral Spring ave., No. Prov.,
Arthur D. Aloisio	Treasurer	1232 Mineral Spring Ave., No. Prov.

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8000	common		1.00

Rec'd & Filed 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	common	AMT 007521	1.00

Rec'd & Filed APR 17 1992

Dated: April 14 19 92

Aloisio Insurance Associates, Inc.  
(Name of Corporation)

By: Arthur D. Aloisio

Title: President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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Name	Office	Address (including number, street, zip code)
<u>None</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>Arthur D. Aloisio</u>	<u>President</u>	<u>1232 Mineral Spring Ave., No. Prov,</u>
<u>Mary E. &amp; Arthur M. Aloisio</u>	<u>Vice President</u>	<u>1232 Mineral Spring Ave., No. Prov.</u>
<u>Carol A. Aloisio</u>	<u>Secretary</u>	<u>1232 Mineral Spring ave., No. Prov.,</u>
<u>Arthur D. Aloisio</u>	<u>Treasurer</u>	<u>1232 Mineral Spring Ave., No. Prov.</u>

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>	<u>COMMON</u>		<u>1.00</u>

Rec'd & Filed

MAR 19 1991

Dated 3-15 1991

Aloisio Insurance Associates, Inc.  
(Name of Corporation)

By Arthur D. Aloisio

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

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	Director	
	Director	
Arthur D. Aloisio	President	1232 Mineral Spring Ave., No., Prov.,
Ray E. & Arthur M. Aloisio	Vice President	1232 Mineral Spring Ave., No., Prov.,
Carol A. Aloisio	Secretary	1232 Mineral Spring Ave., No., Prov.,
Arthur D. Aloisio	Treasurer	1232 Mineral Spring Ave., No., Prov.,

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	COMMON		1.00

Rec'd & Filed MAR 06 1990

Dated March 2 1990

.....ALOISIO INSURANCE ASSOCIATES, INC.....  
(Name of Corporation)

By Arthur D. Aloisio

Title President

(Report must be signed by an officer)