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 IN BLACK)

1. Corporate ID No.
"60250"

2. Name of Corporation
Finkelman Insurance, Inc.

3. Street Address Principal Business Office
81 SOUTH ANGELL ST

City PROVIDENCE *State* RI *Zip* 02906

4. Business Phone No.
4012740303

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE BROKER AND AGENCY

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

President Name
Roy E. Finkelman
Street Address
81 South Angell Street
City Providence *State* RI *Zip* 02906

Vice President Name
Gerald C. Finkelman
Street Address
81 South Angell Street
City Providence *State* RI *Zip* 02906

Secretary Name
Bruce R. Ruttenberg
Street Address
One Park Row, Suite 300
City Providence *State* RI *Zip* 02903

Treasurer Name
Roy E. Finkelman
Street Address
81 South Angell Street
City Providence *State* RI *Zip* 02906

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

Director Name
None
Street Address
City *State* *Zip*

Director Name
None
Street Address
City *State* *Zip*

Director Name
None
Street Address
City *State* *Zip*

Director Name
None
Street Address
City *State* *Zip*

05 APR 15 PM 3:47 RECEIVED SECRETARY OF STATE CORPORATIONS DIV.

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
4,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No Par Value

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

[redacted] * 6 0 2 5 0 *

60250 DBC5/21/033:14:32 PM
File Date 4-15-05
Check No. 7372
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Roy E. Finkelman 4/1/05
Signature of Officer *Date*

Roy E. Finkelman
Print or Type Name of Officer

[redacted] President
Title of Officer

Finkelman Insurance, Inc.
2005 Annual Report

Addendum

8. NAMES AND ADDRESSES OF THE OFFICERS		
Vice President **Carol Finkelman**		
STREET ADDRESS **81 South Angell Street**		
CITY **Providence**	STATE **RI**	ZIP CODE **02906**

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. "60250"

2. Name of Corporation Finkelman Insurance, Inc.

3. Street Address Principal Business Office 81 SOUTH ANGELL ST

City PROVIDENCE *State* RI *Zip* 02906

4. Business Phone No. 4012740303

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE BROKER AND AGENCY

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

President Name Roy E. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

Vice President Name Gerald C. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

Secretary Name Bruce R. Ruttenberg
Street Address One Park Row, Suite 300
City Providence *State* RI *Zip* 02903

Treasurer Name Roy E. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

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

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

Number of Shares	*Class/Series*	*Par Value*
4,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No Par Value

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

[redacted] * 6 0 2 5 0 *

"60250 DBC5/21/033:14:32 PM"
File Date 4-6-04
Check No 0940
By ac
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 3/25/04

Roy E. Finkelman
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

Finkelman Insurance, Inc.
2004 Annual Report

Addendum

8. NAMES AND ADDRESSES OF THE OFFICERS		
Vice President **Carol Finkelman**		
STREET ADDRESS **81 South Angell Street**		
CITY **Providence**	STATE **RI**	ZIP CODE **02906**

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
60250	Finkelman Insurance, Inc.

3. Street Address Principal Business Office	City	State	Zip
81 SOUTH ANGELL ST	PROVIDENCE	RI	02906

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4012740303	RHODE ISLAND	5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE BROKER AND AGENCY

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

President Name	Street Address	City	State	Zip
Roy E. Finkelman	81 South Angell Street	Providence	RI	02906

Vice President Name	Street Address	City	State	Zip
Gerald C. Finkelman	81 South Angell Street	Providence	RI	02906

Secretary Name	Street Address	City	State	Zip
Bruce R. Ruttenberg	One Park Row, Suite 300	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Roy E. Finkelman	81 South Angell Street	Providence	RI	02906

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
4,000 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100		No Par Value

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

[redacted] *60250*

60250 DBC5/21/033:14:32 PM
File Date 6-13-03
Check No. 4920
By: KMC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 6/9/03

Roy E. Finkelman
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

Finkelman Insurance, Inc.
2003 Annual Report

Addendum

8. NAMES AND ADDRESSES OF THE OFFICERS		
Vice President **Carol Finkelman**		
STREET ADDRESS **81 South Main Street**		
CITY **Providence**	STATE **RI**	ZIP CODE **02906**

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 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 60250

2. Name of Corporation Finkelman Insurance, Inc.

3. Street Address Principal Business Office 81 South Angell Street

City Providence *State* RI *Zip* 02906

4. Business Phone No. (401) 274-0303

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance broker and agency

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

President Name Roy E. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

Vice President Name Gerald C. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

Secretary Name Bruce R. Ruttenberg
Street Address One Park Row - Suite 300
City Providence *State* RI *Zip* 02903

Treasurer Name Roy E. Finkelman
Street Address 81 South Angell Street
City Providence *State* RI *Zip* 02906

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

Director Name None
Street Address
City *State* *Zip*

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*
4,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		No Par Value

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

[redacted]

* 6 0 2 5 0 *

File Date: 1/25/02

Check No.: 3124

By: GE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 [signature] *Date* 1/22/02

Roy E. Finkelman
Print or Type Name of Officer

President
Title of Officer

Attachment to Finkelman Insurance, Inc.
Corporate ID no. 60250

Vice President

Carol Finkelman
81 South Main Street
Providence, RI 02906

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 60250
2. Name of Corporation: Finkelman Insurance, Inc.
3. Street Address Principal Business Office: 81 South Angell Street — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: (401) 274-0303
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance broker and agency

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

President Name: Roy E. Finkelman
Street Address: 81 South Angell Street
City: Providence — State: RI — Zip: 02906

Vice President Name: Gerald C. Finkelman
Street Address: 81 South Angell Street
City: Providence — State: RI — Zip: 02906

Secretary Name: Bruce R. Ruttenberg
Street Address: One Park Row Suite 300
City: Providence — State: RI — Zip: 02903

Treasurer Name: Roy E. Finkelman
Street Address: 81 South Angell Street
City: Providence — State: RI — Zip: 02906

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

Director Name: None
Street Address:
City: — State: — Zip:

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
4,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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

[redacted]

* 6 0 2 5 0 *

File Date: 4/12/2001

Check No.: 2088

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — Date: 4/4/01

Roy E. Finkelman
Print or Type Name of Officer

President
Title of Officer

Attachment to Finkelman Insurance, Inc.
Corporate ID No. 60250

Vice President

Carol Finkelman
81 South Angell Street
Providence, RI 02906

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

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.: 60250
2. Name of Corporation: Finkelman Insurance, Inc.
3. Street Address Principal Business Office: 81 South Angell Street
   City: Providence State: RI Zip: 02906
4. Business Phone No.: (401) 274-0303
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance broker and agency

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

President Name: Roy E. Finkelman	Vice President Name: Gerald C. Finkelman
Street Address: 81 South Angell Street	Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name: Bruce R. Ruttenberg	Treasurer Name: Roy E. Finkelman
Street Address: One Park Row Suite 300	Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02906

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

Director Name: None	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
4,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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

[redacted]

60250

File Date: **FILED**

Check No.: FEB 04 2000

By: By CC 9349

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: R E Finkelman Date: 1/6/00

Print or Type Name of Officer: Roy E. Finkelman

Title of Officer: President

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
60250	Finkelman Insurance, Inc.			
3. Street Address Principal Business Office		City	State	Zip
81 South Angell Street		Providence	RI	02906
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 274-0303	RHODE ISLAND			5702

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

Insurance broker and agency

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

President Name: Roy E. Finkelman	Vice President Name: Gerald C. Finkelman
Street Address: 81 South Angell Street	Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name: Bruce R. Ruttenberg	Treasurer Name: Roy E. Finkelman
Street Address: One Park Row Suite 300	Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02906

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

Director Name: None	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
4,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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

[redacted] * 6 0 2 5 0 *

File Date: **FILED**

Check No.: MAR 3 0 1999

By: By [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 3/17/99

Signature of Officer *Date*

Roy E. Finkelman

Print or Type Name of Officer

President

Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 60250
2. Name of Corporation: Finkelman Insurance, Inc.
3. Street Address Principal Business Office: 81 South Angell Street — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: (401) 274-0303
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance broker and agency

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

President Name	*Vice President Name*
Roy E. Finkelman	Gerald C. Finkelman
Street Address	*Street Address*
81 South Angell Street	81 South Angell Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / RI / 02906	Providence / RI / 02906
Secretary Name	*Treasurer Name*
Bruce R. Ruttenberg	Roy E. Finkelman
Street Address	*Street Address*
One Park Row Suite 300	81 South Angell Street
City / *State* / *Zip*	*City* / *State* / *Zip*
Providence / RI / 02903	Providence / RI / 02906

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

Director Name	*Director Name*
None	
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*
4,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par Value

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

[redacted] * 6 0 2 5 0 *

File Date: 2/25/98

Check No.: 7061

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

R E Finkelman — 2/20/98

Signature of Officer — *Date*

Roy E. Finkelman

Print or Type Name of Officer

President

Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **60250**

2. Name of Corporation: **Finkelman Insurance, Inc.**

3. Street Address Principal Business Office: 81 South Angell Street

City: Providence State: RI Zip: 02906

4. Business Phone No.: (401) 274-0303

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **5702**

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

Insurance broker and agency

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

President Name: Roy E. Finkelman
Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02906

Vice President Name: Gerald C. Finkelman
Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02906

Secretary Name: Bruce R. Ruttenberg
Street Address: One Park Row
City: Providence State: RI Zip: 02903

Treasurer Name: Roy E. Finkelman
Street Address: 81 South Angell Street
City: Providence State: RI Zip: 02906

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

Director Name: None
Street Address:
City: State: Zip:

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

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

Director Name:
Street Address:
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*
4,000 SHS NO PAR VAL			100	Common	No Par Value

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

[redacted] 

[redacted]

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 3/10/97 *Date*

Roy E. Finkelman
Print or Type Name of Officer

President
Title of Officer

File Date: 4/3/97

Check No.: 564

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted] Corp/4515

PROFIT CORPORATION ANNUAL REPORT

1996

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.	2. NAME OF CORPORATION		
60250	Finkelman Insurance, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
81 South Angell Street	Providence	RI	02906
4. BUSINESS PHONE NO	5. STATE OF INCORPORATION		6. SIC CODE
(401) 274-0303	RHODE ISLAND		5702
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND			
Insurance broker and agency			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Roy E. Finkelman			Gerald C. Finkelman		
STREET ADDRESS			STREET ADDRESS		
81 South Angell Street			81 South Angell Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02906	Providence	RI	02906
SECRETARY NAME			TREASURER NAME		
Bruce R. Ruttenberg			Roy E. Finkelman		
STREET ADDRESS			STREET ADDRESS		
One Park Row			81 South Angell Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02903	Providence	RI	02906

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
None					
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
4,000 SHS	NO PAR VAL		100	Common	No Par Value

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

Signature of Officer

Roy E. Finkelman
Print or Type Name of Officer

President — Title of Officer

2-28-96 — Date

File Date: 3/4/96

Check No: 3543

By: cc

For Secretary of State Use Only

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

CK # 7951 NH

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: 0060250

Annual Report for the year: 1995

Name of Corporation: Finkelman Insurance, Inc.

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

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

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Operation of an insurance agency and insurance brokerage business

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
81 South Angell Street
Providence, RI 02903

Phone: (401) 274-0303

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Roy E. Finkelman	81 South Angell Street	Providence, RI	02906
VICE PRESIDENT: Gerald C. Finkelman	81 South Angell Street	Providence, RI	02906
SECRETARY: Bruce R. Ruttenberg	One Park Row	Providence, RI	02903
TREASURER: Roy E. Finkelman	81 South Angell Street	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: (No directors)			
NAME:			
NAME:			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	Common	100	Common

Date 2/26 19 95

By: R E Finkelman
Roy E. Finkelman
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1-95

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.

BRUCE R. RUTTENBERG, ESQ
ONE PARK ROW
PROVIDENCE RI 02903

MAR 1 1995

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: 0060250

Annual Report for the Year: 1994

Name of Business Entity: Finkelman Insurance, Inc.

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

Federal Taxpayer Identification Number:

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):
Finkelman Insurance, Inc.
81 South Angell Street
Providence, RI 02903
Phone: 401 274-0303

Business Entity is (check one):
[x] 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:
Bruce R. Ruttenberg (Secretary)
One Park Row
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:
Operation of an insurance agency and insurance brokerage business.

Date of Organization: 4-30-90

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

THE NAMES OF THE OFFICERS ARE:

☐ Chief Executive Officer or x President (Check One)	Street Address	City/State	Zip Code
Roy E. Finkelman	81 South Angell Street,	Providence, RI	02906
☐ Chief Operating Officer or x V. President (Check One)	Street Address	City/State	Zip Code
Gerald C. Finkelman	81 South Angell Street,	Providence, RI	02906
☐ Custodian of Records or x Secretary (Check One)	Street Address	City/State	Zip Code
Bruce R. Ruttenberg	One Park Row,	Providence, RI	02903
☐ Chief Financial Officer or x Treasurer (Check One)	Street Address	City/State	Zip Code
Roy E. Finkelman	81 South Angell Street,	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING
NUMBER 4,000	NUMBER 100
CLASS Common	CLASS Common
SERIES --	SERIES --
PAR VALUE OR WITHOUT PAR No par value	PAR VALUE OR WITHOUT PAR No par value

Date April 12, 1994

By: R. E. Finkelman

Roy E. Finkelman
Print or Type Name of Officer Signing

President
Title of Officer Signing

FILED
APR 15 1994
By 0306 #0917

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Bruce R. Ruttenberg, One Park Row, Providence, RI 02903

6/93

Filing Fee: $50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 60250 Annual Report for the year 1993

FIRST: The name of the corporation is **FINKELMAN INSURANCE, INC.**

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is the operation of an insurance agency and insurance brokerage business.

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

FIFTH: Business address in Rhode Island: One Park Row, Providence, RI 02903.

SIXTH: Names and address of its directors and officers:

Name	Office	Address
---	Director	---
Roy E. Finkelman	President	81 South Angell Street, Providence, RI 02906
Gerald C. Finkelman	Vice President	81 South Angell Street, Providence, RI 02906
Bruce R. Ruttenberg	Secretary	One Park Row, Providence, RI 02903
Roy E. Finkelman	Treasurer	81 South Angell Street, Providence, RI 02906

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	---	No par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	No par value

Dated: 8/2, 1993

FINKELMAN INSURANCE, INC.
(Name of Corporation)

By: Roy E. Finkelman President
Roy E. Finkelman
Title: President

(Report must be signed by an officer)

6065/40

Rec'd & Filed AUG 5 1993
Check 780

Filing Fee: $50.00

To be filed annually betwe
January 1st and March 1s

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 60250

Annual Report for the year 1992

FIRST: The name of the corporation is **FINKELMAN INSURANCE, INC.**

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is the operation of an insurance agency and insurance brokerage business.

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

FIFTH: Business address in Rhode Island: One Park Row, Providence, RI 02903.

SIXTH: Names and address of its directors and officers:

Name	Office	Address
---	Director	---
Roy E. Finkelman	President	81 South Angell Street, Providence, RI 02906
Gerald C. Finkelman	Vice President	81 South Angell Street, Providence, RI 02906
Bruce R. Ruttenberg	Secretary	One Park Row, Providence, RI 02903
Roy E. Finkelman	Treasurer	81 South Angell Street, Providence, RI 02906

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	---	No par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	No par value

Dated: June 18, 1992

FINKELMAN INSURANCE, INC.
(Name of Corporation)

By: Roy E. Finkelman
Roy E. Finkelman

(Report must be signed by an officer)

Title: President

Rec'd & Filed JUN 22 1992

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

Corporate ID 60250

Annual Report for the year 1991

FIRST: The name of the corporation is **FINKELMAN INSURANCE, INC.**

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is insurance.

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

FIFTH: Business address in Rhode Island: One Park Row, Providence, RI 02903.

SIXTH: Names and address of its directors and officers:

Name	Office	Address
---	Director	---
Roy Finkelman	President	11 Mount Laurel Drive Cranston, RI 02920
Gerald C. Finkelman	Vice President	81 South Angell Street Providence, RI 02906
Bruce R. Ruttenberg	Secretary	One Park Row Providence, RI 02903
Roy Finkelman	Treasurer	11 Mount Laurel Drive Cranston, RI 02920

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	---	No par value

Rec'd & Filed JUL 17 1991

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	No par value

Dated: 7/15, 1991

FINKELMAN INSURANCE, INC.
(Name of Corporation)

By: Roy Finkelman

(Report must be signed by an officer)

Title: President

2000/18

PAID
JUL 17 1991
SEC'Y OF STATE