

FOR SECRETARY OF STATE USE ONLY

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

(FORM MUST BE TYPED IN 1. Corporate ID No. *60250*	2. Name of Corpo	ration nsurance, Inc.		· · · · · · · · · · · · · · · · ·	-
3. Street Address Principal Bu		, , , , , , , , , , , , , , , , , , , ,	City	State	Zip
81 SOUTH ANGELL			PROVIDENCE	RI	02906
4. Business Phone No.		5. State of Incorpora		•	6. SIC Code
4012740303		RHODE ISLA			5702
7. Brief Description of the Chi INSURANCE BROKER A	practer of Business Cor	ducted in Rhode Island			3.02
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR	<i>ATTACHMENT) 🗹</i> FILL IN S	PACES BEFORE USING A	TTACHMENTS
Roy E. Finkelman			Vice President Name	-1	
Street Address			Gerald C. Fink	eiman	
81 South Angell :	Street		Street Address	1. 05	
City	State	7/-	81 South Angel		
Providence	RI	<i>Zip</i> 02906	City	State	Zip
Secretary Name	KI.	02906	Providence Treasurer Name	RI	02906
Bruce R. Ruttenbe	era		Roy E. Finkelm	.	
Street Address	9		_	dil	
One Park Row, Su:	ira 300		Street Address		
City		7 .	81 South Angel	1 Street	
Providence	State R I	<i>Zip</i>	City	State	Zip
		02903	Providence	RI	02906
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Street Address			None		
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City	State	Zip	City	State	<i>S S S</i>
Director Name			Director Name		SE SE
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This report must be <mark>sign</mark>	ied in ink by eithe	er the President, Vice	President, Secretary, Assi	siant Secretary Treas	urer Receiver or Truste
	•	•		order of the y, Treas	urer, necesser or traste
* 6 0	2 5 0 +		Under penalty of pe	rjury, I declare and affirm	that I have examined
	·		this report, including	g any accompanying schee	dules and statements,
*60250 DBC5/21/033			and that all stricmer	nts contained herein are tri	ue and oprrect.
File Date 4-15	-05	_	し、水り	Tullman	4/1/05
710	7	⁻	Signature of Officer		Date
Check No. 13	اسلس	_	Roy E. Fink		remad
	a		Print or Type Name of		
~ ·		I	i rim or type (same of	Opport	

President

Finkelman Insurance, Inc.2005 Annual Report

Addendum

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

SECRETARY OF STATE OF STATE OF STATE

Matthew A. Brown, Secretory of State

Corporations Division

100 North Main Street, Providence, RI 02903-1335

401 222.3040

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Filing Period: January 1 - March 1 •	Filing Fac. \$50.00	
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(FORM MUST BE TYPED I 1. Corporate II) No.	N BLACK) 2. Name of Corpo	ration			
60250		nsurance, Inc.			
3. Street Address Principal B			City	·State	Zin.
81 SOUTH ANGELL			PROVIDENCE	RI	<i>Zip</i> 02906
4. Business Phone No.		5. State of Incorpore		•••	6. SIC Code
4012740303		RHODE ISLA			5702
7. Brief Description of the Ci	haracter of Business Con AND AGENCY				3.02
8. NAMES AND ADDR	ESSES OF THE OFI	FICERS ("X" BOX FOR	<i>ATTACHMENT) 🗹</i> FILL IN SE	PACES BEFORE USING A	FTACHMENTS
Fresident Name			Vice President Name		-
Roy E. Finkelmar	3		Gerald C. Finke	elman	
Street Address	•		Street Address		
81 South Angell			81 South Angel	l Street	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	Rl	02906
Secretary Name			Treasurer Name		
Bruce R. Ruttenb	berg		Roy E. Finkelma	an	
Street Address			Street Address		
One Park Row, Si	ite 300		81 South Angell	Street	
Cin	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02906
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN : Director Name	SPACES BEFORE USING	ATTACHMENTS
None			None		
Street Address			Street Address		
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Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City-	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALU	E		100		No Par Value
This report must be s ig	ned in ink by eithe	er the President, Vice	President, Secretary, Assis	stant Secretary, Treasi	urer, Receiver or Truste
18 0 8 1111	18118 1198 1 81111 8811 1881				
			Undernenalty of nei	riury. I declare and affirm	that I have examined

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

Ray E. Finkelman

Røy E. Finkelman
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

Finkelman Insurance, Inc. 2004 Annual Report

<u>Addendum</u>

8. NAMES AND OFFICERS	ADDRESSES OF	ТНЕ
Vice President Carol Finkelman	1	
STREET ADDRESS 81 South Angell	Street	
CITY	STATE	ZIP CODE
Providence	RI	02906

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FOR SECRETARY OF STATE USE ONLY

Check No.

Bri

Matthew A. Brown. Scoretary of State Corporations Division

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

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(FORM MUST BE TYPED) I. Corporate ID No.	2. Name of Cor	poration		•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	
60250		Insurance, Inc.				
3. Street Address Principal E 81 SOUTH ANGELL			City PROVIDENCE	State RI	Zip	
4. Business Phone No.					02906	
4012740303		5. State of Incorpo			6. SIC Code 5702	
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Roy E. Finkelma	n		Gerald C. Fink	elman		
Street Address			Street Address	***************************************	·····	
81 South Angell	Street		.81 South Angel	l Street		
Спу	State	Zip	City	Stole	Zip	
Providence	RI	02906	Providence	RI	02906	
Secretary Name	, , , , , , , , , , , , , , , , , , , ,	> > 	Tréasurer Name		* * * * * * * * * * * * * * * * * * *	
Bruce R. Rutten	perg		Roy E. Finkelma	an		
Street Address			Street Address	. ************************************	**************************************	
One Park Row, Suite 300		.81 South Angell Street				
City	State	Zip	'City	State	7.7	
Providence	RI	02903	Providence	:	Zip	
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Director Name	esses of the D	KEGTORS (CX., BOX 4	OR <i>attachhent</i>) Fila_in	SPACES BEFORE USIN	GATTACHMENTS	
None			Director Name			
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-			this ceport, including	any accommonsing sch	redules and statements,	
60250 DBC5/21/03	3:14:32 PM		and that all statemen	its contained herein are	true and correct	
	~03		\ \JF\\	<u> </u>	1121 -	

Signature of Officer

President

Title of Officer

Røy E. Finkelman
Print or Type Name of Officer

Form 630 12/01

Finkelman Insurance, Inc. 2003 Annual Report

$\underline{Addendum}$

8. NAMES AND ADDRESSES OF THE OFFICERS					
Vice President Carol Finkelman	1				
STREET ADDRESS 81 South Main St	treet				
C!TY	STATE	ZIP CODE			
Providence	RI	02906			

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



PROFIT CORPO	ORATION A 1-March 1 • F	ANNUAL REI	PORT FOR THE	YEAR _ 2002	STOP PLIANE READ INSTRUCTIONS
FORM MUST BE TYPED IN BLAC	:K)				(Last Market Mar
1. Corporate ID No.	2. Name of Corporation	,		•	
60250	Finkelman Ins	urance, Inc.			
3. Street Address Principal Business C			City	State	Zip
81 South Angell S	treet		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 R				
Insurance broker					
8. NAMES AND ADDRESS		ERS ("X" BOX FOR ATTACE		EFORE USING ATTACH	IMENTS
Roy E. Finkelman			Vice President Name Gerald C. Fil	nkelman	
Street Address 81 South Angell S	Street		Street Address 81 South A	ngell Strect	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Bruce R. Rutte	nberg		Roy E. Finke	lman	
Street Address	Ū		Street Address		
One Park Row	- Suite 300		81 South An	gell Street	
City	State	Zip	City	 State	Zin
Providence	RI	02903	Providence	RI	02906
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
None					
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
		•	•		•p
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSULED SHARKS		
Sumber of Shares	Class/Seiles	Par Value	Number of Shares	Class/Scries	Par Value
4,000 NO 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

Title of Officer

	* 6 0 2 5 0 *
File Date:	1/25/02
Check No.:	3/24
By:FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and aff	firm that I	have e	xamined	
this teport, including any accompanying s	chedules a	ind sta	tements, a	and
that an statements contained herein are tr	ue and co	rfect.	1	
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Signuture of Officer	Dot	· · · · · · · · · · · · · · · · · · ·	-	_
Røy E. Finkelman				
Print or Type Name of Officer President				

F. __ <20 12/01

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

Vice President

Carol Finkelman 81 South Main Street Providence, RI 02906

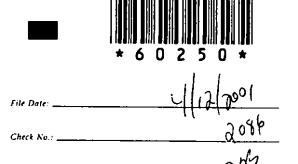
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PUT MEREAD ENSTRUCTIONS

Filing Period: Janua:	ry 1-March 1 🔹	Filing Fee: \$	50.00	-	ENST
(FORM MUST BE TYPED IN B	LACK)				
1. Gorporate ID No. 60250	2. Name of Corpora Finkelman	ntion 1 Insurance	, Inc.		
3. Street Address Principal Rusine 81 South Ange	il Street		. Providence	State RI	Zip 02906
4. Business Phone No. (401) 274-0303	3	5. State of Inc.	orporation ISLAND		6. SIC Code 5702
7. Brief Description of the Charac Insurance brok	ter of Business Conducted	in Rhode Island T			
8. NAMES AND ADDRI ^{Presid} සිරිදි ^{ගා} වී. Finkelm	ESSES OF THE OFF nan	ICERS ("X" BOX F	OR ATTACHMENT) X FILL IN SPAC Vice Geraldon, Nome. F		ACHMENTS
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^{Cuy} Providence	State RI	^{Zip} 02	906 ^{City} Providence	Stat e I	^{Zip} 02906
^{Secret} Bት십世€ R. Rutte	nberg		Treasurer Name Roy E. Fink	elman	
Succe Addiess Park Row S	uite 300		Street Address 81 South An	gell Street	
Chy Providence	State RI	Zip 02	903 City Providence	State RI	Zip 02906
9. NAMES AND ADDRE ^{Dire} CNOYEE	SSES OF THE DIR	ECTORS ("X" BOX	X FOR ATTACHMENT) FILL IN SPA Director Name	ACES BEFORE USING A	TIACHMENTS
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City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMI	ent)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PA	R 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



FOR SECRETARY OF STATE USE ONLY

Attachment to Finkelman Insurance, Inc. Corporate II) No. 60250

Vice President

Carol Finkelman 81 South Angell Street Providence, RI 02906

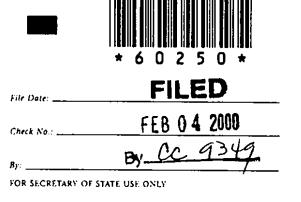
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

401-222-3040 STOP

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

FORM MUST BE TYPED IN BL	ACK)	-			
1. Corporate ID No.	2. Name of Corporat	ion			
60250	Finkelman	Insurance; Inc.			
3. Street Address Principal Rusines	s Office		City	State	Zip
81 South Angel: 4. Business Phone No.	l Street	- 5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 274-0303 7. Bifef Description of the Charact	er of Business Conducted In	RHODE ISLAND Rhode Island			5702
Insurance broke 8. NAMES AND ADDRE	er and agency SSES OF THE OFFI	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATT	ACHMENTS
Roy E. Finkelma	an		Gerald C. Finke	lman	
81 South Angel	l Street		Street Address 81 South Angell	Street	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Bruce R. Ruttei itreet Address	nberg		Roy E. Finkelma	n	
One Park Row St	uite 300		81 South Angell	Street	
Sity	State	Zip	City	State	Zlp
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City City IO. SHARES AUTHORIZE NUTHORIZED SHARES Sumber of Shares		·	City 11. SHARES ISSUED (*X*		·

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





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

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INTRUCTION	//

(FORM MUST BE TYPED IN BLACK	o e				
	1 2. Name of Corporation		······································	· 	
60250	! Finkelman ins	urance, Inc.			
3. Street Address Principal Business Of			City	State	7 Zip
81 South Angell	Street		Providence	RI	02906
4. Business Phone No.		5. State of Incorporation		· •	6. SIC Code
(401) 274-0303			MD		5702
7. Brief Description of the Character of		ode Island	-	• • •	• • • •
Insurance broker	and agency				
President Name	2 OF THE OFFICE	RS (*X <u>* BOX FOR ATT</u>	ACHMENT) (FILL IN SPACES BE	FORE USING ATTACH	MENTS
Roy E. Finkelman			Vice President Name Gerald C. Finke	.lman	
Street Address			:	: I man	
81 South Angell	Street		Street Address 81 South Angell	Chwash	
City	State	Zip	City	. Screet State	1
Providence	RI	02906	Providence	RI	Zip 02906
Secretary Name	* * * * * * * * * * * * * * * * * * * *		Treasurer Name		
Bruce R. Ruttenb	erg		Roy E. Finkelma	in	
Street Address			Street Address		•
One Park Row Sui	te 300		81 South Angell	Street	
City	State	Zip	: City	State	Zip · · ·
Providence	RI	02903	Providence	RT	02906
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
Director Name None			Director Name		
-			<u>:</u>		
Street Address			Street Address		
City			<u>.</u>		
	State	, Zip	City	State	Zip
Director Name			· · · · · · · · · · · · · · · · · · ·		L
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Street Address					•
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ('X')	POV FOR APPROPRIENTS.	
AUTHORIZED SHARES	<u> </u>		ISSUED SHARES	ON FOR ATTACHMENTY	
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File Date:	FILED	
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B):	By Co. Yday	

Under penalty of perjury, I declare and affirm that I have examined this seport, including any accompanying schedules and statements, and that all stetements contained Signature of Officer Roy E. Finkelman Print or Type Name of Officer President Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

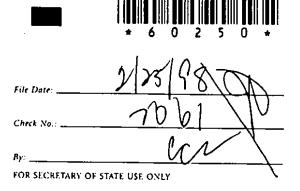
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID 60250	²FìnKeiman	lnsurance, Inc.	• • •	.	
3. Street Address Principal Busi 81 South Angell	ness Office Street		City Providence	RI ^{State}	₫2906
4. Business Phone No.		¹ ŔĦŪĎE¶SĽ	Atio.		6 SIC Code a
(401) 274-0303 7. Brief Description of the Chart	acter of Business Conducted				6. SIC 5702
Insurance broker 8. NAMES AND ADDR President Name	r and agency RESSES OF THE OFF	ICERS (*X* BOX FOR ATT			
Roy E. Finkelmar	•		Vice President Name		
Street Address	1		Gerald C. Fink	elman	
	Chunna		Street Address		
81 South Angell	State	71.	81 South Angel:		
Providence	RI	zip 02906	_{City} Providence	State RI	7.lp
Secretary Name	• • •	02300		KI	02906
Bruce R. Ruttenh	nera		Treasurer Name		
Street Address	Jerg		Roy E. Finkelma	an	
One Park Row Sui	i+a 300		Street Address		
City	State	ZIp	81 South Angell		
Providence	RI	•	City	State	Zip
9. NAMES AND ADDR		02903	Providence	RI	02906
Director Name None	LEGICA OF THE DIR	ECTORS ("X" HOX FOR A	ITACHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	(77)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAF	RVAL		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 statements containft herein are true and cofrect. Signature of Officer Koy E. Finkelman Print or Type Name of Officer President Title of Officer



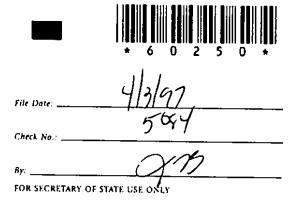
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

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

(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 RHODE ISLAND (401) 274-0303

7. Brief Description of the Character of Business Conducted in Rhode Island 5702 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 Zip Providence RI 02906 Providence RI 02906 Secretary Name Treosuter Name Bruce R. Ruttenberg Roy E. Finkelman Street Address Street Address One Park Row 81 South Angell Street Clty State Zip Zip Providence RI 02903 P 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Providence RI 02906 · 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 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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements expiritned herein are true and correct.

3//o/97

Signature of Officer

Date

Roy E. Finkelman

Print or Type Name of Officer

President Corp/4515

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

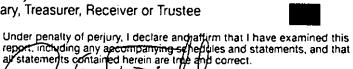
Corporations Division 100 North Main Street

Providence, Rhode.Island_02903-1335.-(401).277-3040...

Filing	Period: January	1-March:1-
E:::	F \$50.00	

iling Fee: \$50.00								
		PLEASE TYPE OR	PRINT IN BLACK INK.					
CORPORATE (D (VO.	2. NAME OF CORPORATION	2. NAYE OF CORPORATION						
60250		lman Insurance,	Inc.					
3. STREET ADDRESS PRINCIPAL BUSINESS OF	HŒ		GIY	STATE	ZP CODE			
81 South Angell	Street		Providence	RI	02906			
BUSINESS PHONE 110	·······	5. STATE OF INCORPORATION			6. SIC CODE			
(401) 274-0303		RHODE I	SLAND		5702			
. BAILE DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHODE	ISUNIO		·····				
Insurance broker	and agency							
	8. NA	MES AND ADOR	ESSES OF THE O	FFICERS	·			
Responsable Finkelman			VICE PRESIDENT NAME		· · · · · · · · · · · · · · · · · · ·			
TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	Gerald C. Fink	elman				
81 South Angell	Street		81 South Angel	1 Street				
XIY	SIATE	ZIP CODE	on South Angel	STATE	ZIP COOK			
Providence	RI	02906	Providence	RI	02906			
ECRETARY NAME			TREASURER NAME					
Bruce R. Ruttenb	erg		Roy E. Finkelm	an				
One Park Row			STREET ADDRESS	3 0				
One Park ROW	T STATE	ZIP CODE	81 South Angel					
Providence	RI	02903	Providence	STATE	ಬ್ಯಾಯಕ 02906			
			ESSES OF THE DI		02300			
HRECTOR NAME			DIRECTOR NAME					
None								
TREET ADDRESS			STREET ADDRESS					
אונ	I STATE			-				
411	SIAIE	71P C000E	ar.	STATE	ZP 000E			
RECTOR NAME	_	<u> </u>	DIRECTOR NAME					
TREET ADDRESS			STREET ADDRESS					
			Į					
אוג	STATE	ZIP CODE	ΟTY	STATE	71° C000£			
TOTALITATION IN THE THE CHESS OF SEC.	_ <u> </u>	-						
	10. S	HARES AUTHOR	IZED AND ISSUED					
MUMBER OF SHARES	AUTHORIZED SHARES		<u> </u>	ISSUED SHARES				
MUNICH OF SHOES	CLASS/SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERVES	PAR VALUE			
4,000 SHS N	O PAR VAL		100	Common	No Par Value			
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		· *******						
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					<u> </u>			
	Th		AIFB IN INIV has a lab a sai					

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



	3/4/90
File Date:	3/4/96
Check No:	3543

By:

For Secretary of State Use Only

Pr

Signature of Officer

Roy E. Finkelman

Print of Type Name of Officer

President 2–28–96

Title of Officer

L . • • . • •

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State

0060250

Corporate ID:

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040 CK#7951 NW

Annual Report for the year:

ANNUAL REPORT

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

Make Checks Payable to: Secretary of State

1995

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

Name of Corporation:	INCIMON INSU	i blice, Il	13 <u>.</u> .				
Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:			Business Entity is (check one):				
			[X] Business Corporation (See RIGL Chapter 7-1.1)				
				onal Service Corporation (See RIGL			
Phone: ()			Brief statemer	nt of the character of business conduction of an insurance	ted in Rhode Island:		
Address and telephone of the principal office	u of hugunoss angula an D) h I		surance brokerage b			
Island (Provide street address - Not P.O. Box		thode		outunoe Diometuge L	deluces		
81 South Angell Stree	ť						
Providence, RI 02903							
Phone: (401) 274-0303							
	THE NA	MES OF THE	OFFICERS A				
PRESIDENT		STREET ADDRE	SS	CITYSTATE	ZiP CODI		
Roy E. Finkelman	8 <u>1 South</u>	Angell S		Providence, RI	02906		
Gerald C. Finkelman	01 C	STREET ADDRE		CITY/STATE	ZIP CODE		
SECRETARY FIRRETHIAN	oi_South	Angell S		Providence, RI	02906		
Bruce R. Ruttenberg	One Park		.55	Providence, RI	ZIP CODI		
TREASURER	- One rark	STREET ADDRE	·	CIDSSAIL	02903 zir çobi		
Roy E. Finkelman	81 South	Angell S	treet	Providence, RI	02906		
	THE NAI	MES OF THE	DIRECTORS	ARE:	 .		
(No directors)		STREET ADDRE		CITY/STATE	7/P CODS		
NAME:		STREET ADDRE					
		STATE COURT	20	CITY/STATI.	ZIP CODE		
NAME:		STREET ADDRE	DRESS CITYSTATE		Z;F CODE		
		<u> </u>					
NUMBER OF SHARES AUTHORIZED (Ride	r may be attached)	1	NUMBER OF SHA	ARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares Class / Se	eries		Number of Share	S Class / Series			
4,000 Commo	on	Ì	100	Common			
			100	Conditori			
<u>/</u>) [- -/-/			
Date	19	By:	<u> </u>	inkluan _	<u>.</u>		
		PRINT OR TYPE	E Finko Nave of officersi	CNING			
Form 31 1:95		गांग हु ठा ठाइगट	ER SIGNING	<u>.</u> .			
DES	IGNATED REGIST	TERED AGEN	T FOR SERV	ICE OF PROCESS:			
PLEASE NOTE: If the registered office an							

DRUCE 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:Scpt. 1 - Nov. 1
CORP: Jan. 1 - March 1
401-277-3040

Corporate ID: 0060250	Annual Report for the Year: 1994
Name of Business Entity: <u>Finkelman Insura</u>	nce,_Inc.
Business entity organized under the laws of the State of: RI	Business Entity is (check one): [x] Business Corporation (See RIGL Chapter 7-1.1)
Federal Taxpayer Identification Number:	[] Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal office:	[] 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
Phone:	Providence, RI 02903
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	Brief statement of the character of business conducted in Rhode Island: Operation of an insurance agency and insurance brokerage business.
Providence, RI 02903	Date of Organization: 4-30-90
Phone: 401 274-0303	Date of Qualification to do business in Rhode Island (if foreign entity):
THE NAMES O	OF THE OFFICERS ARE:
O Chief Executive Officer or x President (Cl Roy B. Finkelman	heck One) Street Address City/State Zip Code 81 South Angell Street, Providence, RI 02906
O Chief Operating Officer or x V. President Gerald C. Finkelman	(Check One) Street Address City/State Zip Code 81 South Angell Street, Providence, RI 02906
O Custodian of Records or x Secretary (C) Bruce R. Ruttenberg	heck One) Street Address City/State Zip Code One Park Row, Providence, RI 02903
O Chief Financial Officer or x Treasurer (Cl Roy E. Finkelman	heck One) Street Address City/State Zip Code 81 South Angell Street, Providence, RI 02906
THE NAMES O	F 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	NUMBER
4,000	100
Crvs	CLASS
Common SERIES	Common SERIES
PAR VALUE OR	PAR VALUE OR
WITHOUT PAR No par value	WITHOUT PAR
	No par value
Date	By:
Date	Print or Type Name of Officer Signing
The Work # 381	President Title of Officer Signing
DESIGNATED REGISTERED OR RE	SIDENT 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.

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:

<u>Name</u>	<u>Office</u>	Address	
Roy E. Finkelman Gerald C. Finkelman Bruce R. Ruttenberg Roy E. Finkelman	Vice President Secretary	81 South Angel One Park Row,	l Street, Providence, RI 02906 l Street, Providence, RI 02906 Providence, RI 02903 l Street, Providence, RI 02906
SEVENTH: Number of	Shares authorized:		Par Value or statement
No of Shares	<u>Class</u>	<u>Series</u>	that shares are without par value
4,000	Common		No par value
EIGHTH: Number of	Shares issued:		Par Value or statement
No of Shares	Class	<u>Series</u>	that shares are without par value
100	Common		No par value

s /2.

FINKELMAN INSURANCE, INC.

(Name of Corporation)

(Report must be signed by an officer)

Roy E. Finkelman Title: President

6065/40

Rec'd & Filed AUG 5 1993 80

To be filed annually between 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.

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

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>	
Roy E. Finkelman Gerald C. Finkelman Bruce R. Ruttenberg Roy E. Finkelman	Director President Vice President Secretary Treasurer	81 South Angell One Park Row, P	Street, Providence, RI 02906 Street, Providence, RI 02906 Providence, RI 02903 Street, Providence, PI 02906
SEVENTH: Number of	Shares authorized	:	Par Value or statement that shares are without
<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	par value
4,000	Common		No par value
EIGHTH: Number of	Shares issued:		Par Value or statement that shares are without
No of Shares	<u>Class</u>	<u>Series</u>	par value
100	Common		No par value
Dated: June 18	<u>. 1992</u>	FINKELMAN INSURANCE, IN (Name of Corporation) By:	1
		Roy E.∕Finkelman	

Rec'd & Filed, JUN 2 2 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

Name

Annual Report for the year 1991

Address

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:

Office

<u>a</u>	OFFICE		<u>Address</u>	
Roy Finkelman	Director President			Laurel Drive
Gerald C. Finkelman	Vice Presid	ent	81 South	, RI 02920 Angell Street
Bruce R. Ruttenberg	Secretary		One Park	
Roy Finkelman	Treasurer		11 Mount	ce, RI 02903 Laurel Drive , RI 02920
SEVENTH: Number o	f Shares authorized	:		Par Value or statement
No <u>of</u> S <u>hares</u>	<u>Class</u>	Series		that shares are without par value
4,000	Common	Filed JUL 17	1991	No par value
EIGHTH: Number of	Shares issued:	•		Par Value or statement
<u>No of Shares</u>	Class	<u>Series</u>		that shares are without par value
100	Common			No par value
Dated:	<u>. 1991</u>	FINKELMAN INSL (Name of Compo By: Roy Finkelm	oration/ inhuman	
(Report must be signed 2000/18	by an officer)	Title: Presid	dent PAID 17 1991 OF STATE	