

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 RE TYPED IN RI ACK)	

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. Corporate ID No.	2. Name of Corpo		······································	·····	
73161	Jacques Bro	kerage Ltd.			
3. Street Address Principal			City	State	Zip
908 RESERVOIR	AVENUE		CRANSTON	RI	02920
l. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
4019444470		RHODE ISLA	ND	5702	
. Brief Description of the C TO ACT AS AN AGE	Character of Business Con	ducted in Rhode Island COMPANIES	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
8. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
Elaine Jacques	•		•		
ircei Address			Street Address		······
908 Reservoir A	Avenue		•		
City	State	Zip	City	State	Zip
Cranston	RI	02920	,	Journal	!
ecretary Name			Treasurer Name		
Elaine Jacques			Elaine Jacques	•	
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908 Reservoir Avenue		.908 Reservoir Avenue			
City		12:-			
Cranston	State RI	Zip	City	State	Zip
		02920	. Cranston	RI	02920
Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Elaine Jacques		_	•		
ireet Address			-Sircei Address		
908 Reservoir A	Avenue		•		
City	State	Zip	·City	State	Zip
Cranston	RI	02920	•		
Director Name		!	Director Name		
ireet Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
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his report must be s	igned in ink by eithe	er the President. Vice	President, Secretary, Ass	istant Secretary Treas	rer. Receiver or Truste.
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	B)				
7 3	1 6 1		Under negative of ne	crjury, I declare and affirm	that I have examined
			Suddi policity of p	,,,	···-· · · · · · · · · · · · · · · · · ·

73161 DBC 01/22/05 10:29:14 AM

File Date 2 2 0 0 5

Check No. 4833

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Elaine Jacques

Print or Type Name of Officer



President



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

Matthew A. Brown, Secretary by State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040 Mutthew A. Brown, Secretary of State

FORM MUST BE TYPED II I. Corporate ID No.			·						
73161		2. Name of Corporation Jacques Brokerage Ltd.							
3. Street Address Principal Bi			City	State	Zip				
908 RESERVOIR A			CRANSTON	RI	02920				
4. Business Phone No.		5. State of Incorpora	ation		6. SIC Code				
401 944-4470 RHODE ISLA			ND		5702				
7. Brief Description of the Ch TO ACT AS AN AGEN	paracter of Business C FOR INSURANC	onducted in Rhode Island CE COMPANIES							
r resident ivame	ESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS				
Elaine Jacques			· · · · · · · · · · · · · · · · · · ·						
Street Address			Sircel Address						
908 Reservoir Av		i i i i i i i i i i i i i i i i i i i	- معرف الراب والمعادل المعادل المواجد المعادل						
Cranston	State RI	Zip	City	State	Zip				
ecretary Name Elaine Jacques			Treasurer Name Elaine Jacques						
Street Address		Street Address							
908 Reservoir Avenue		.908 Reservoir Avenue							
City	State	Zip	City	State	Zip				
Cranston	RI	02920	.Cranston	RI	02920				
Director Name	SSES OF THE DI	RECTORS ("X" BOX FO	DR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS				
Elaine Jacques			· · · · · · · · · · · · · · · · · · ·						
<i>Greet Address</i> 908 Reservoir Av	enue		Sircet Address						
City	State	Zip	•City	State	Zip				
Cranston -	RI	02920	•						
Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • •				
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10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("	X" BOX FOR ATTACHMEN	<i>₩</i> □				
Number of Shares	Class/Series	Par Value	Number of Shares	. Class/Series	Par Value				
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FOR SECRETARY OF STATE USE ONLY

	this report, including any accompanying schedules and statements,
73161 DBC 06/23/04 10:55,04 AM	and that all statements contained herein are true and correct.
File Date (e 30 0 -	Clay Jaco 4-29-04
Check No. 4 634 m x6247	Signature of Officer Date Elaine Jacques
es: CMC	Print or Type Name of Officer

President

Title of Officer

Under penalty of perjury, I declare and affirm that I have examined

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPE					
I. Corporate ID No. *73161*	2. Name of Corpor Jacques Bro		-		
3. Street Address Princip			City	State	Zip
908 RESERVOIR	AVENUE		CRANSTON	RI	02920
4. Business Phone No.		5. State of Incorpor	ration	<u> </u>	6. SIC Code
4019444470		RHODE ISLA	AND		5702
7. Brief Description of the TO ACT AS AN AG	e Character of Business Con SENT FOR INSURANCE	ducted in Rhode Island COMPANIES		 	
8. NAMES AND AD	DRESSES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING AT	TTACHMENTS
rresiaeni Name			Vice President Name		
Elaine Jacques	Street Address				
	•		Street Address		
908 Reservoir	Avenue		<u>•</u>		
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Scérétary Name			Treasurer Name	• • • • • • • • • • • • • •	
Elaine Jacques			.Elaine Jacques		
Street Address		Street Address			
908 Reservoir Avenue		.908 Reservoir Avenue			
City	State	Zip	*City	State	Zip
Cranston	RI	02920	. Cranston	RI	02920
9. NAMES AND AD	DRESSES OF THE DIR	ECTORS C'X; BOX F	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		A CONTROL OF
Elaine Jacques	5		•		
Street Address			· Street Address		
908 Reservoir	Avenue		•		
City	State	Zip	·City	State	19·_
Cranston	RI	02920	·	State	Zip
Director Name			Director Name		
Street Address	·				
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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 COMM NO PAR VALUE		100	COMMON	NO PAR VALUE	
					
This report must be	signed in ink by eithe	r the President, Vic	e President, Secretary, Ass.	l istant Secretary, Treasi	urer, Receiver or Trustee
	1336 81 818				
* 7	3 1 6 1 *		Under penalty of po	erjury, I declare and affirm	that I have examined

**73161* 11/5/023:52:31 PM*

File Date 2 12 0 3

Check No. 4 39

By: 50R SECRETARY OF STATE USE ONLY

this proof, including any accompanying schedules and statements,
and that all statements contained herein are true and correct.
Chair Jup 2-11-03
Signature of Officer Date
Elaine Jacques \ \ \(\)
Print or Type Name of Office
President
Title of Officer Form 630 12/01



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

2002 PROFIT CORPORATION ANNUAL BEDODT

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00	OKI FOR IN	E IEAR ZOO	PLEASE READ* INSTRUCTIONS
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpora	ition			
73161	Jacques Bro	okerage Ltd.			
3. Street Address Principal Busine		-	City	State	Zip
908 Reservoir Ave	nue		Cranston	RI	02910
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 944-4470		RHODE ISLAND			5702
7. Brief Description of the Charac		in Rhode Island			
Insurance brokerag					
	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Elaine Jacques			•		
Street Address			Street Address		
908 Reservoir Ave					
City	State	Zip	City-	State	Zip
Cranston	RI .	02920			
Secretary Name Flaine Jacouse			Treasurer Name		
Elaine Jacques			Elaine Jacques		•
Street Address Same as above			Street Address		
	e	•	Same as above	•	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Elaine Jacques			•		
Street Address			Street Address		
Same as above			•		
City	State	Zip	city	State	Zip
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Director Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Director Name		•
Street Address			Crease Address		
D /188/(5)			Street Address		
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10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)
AUTHORIZZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR V	ALUE		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



File Date:	FILED	
Check No.:	FEB 1 5 2002	
By:	By 311095	
FOR SECRETAR	Y OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this 1990st, including any accompanying schedules and statements, and that fatements contained herein are true and correct. Signature of Officer Elaine Jacques Print or Type Name of Officer

President

Title of Officer - ·

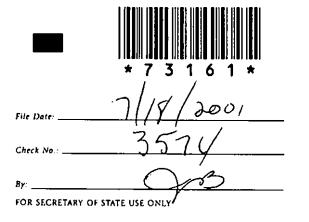
Form 630 12/01

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		Filing Fec: \$50.00			INSTRUCTION
(FORM MUST BE TYPED IN BLACK I. Corporate ID No. 73161	2. Name of Corpora	^{ntion} Brokerage Ltd.			
3. Street Address Principal Business Of	fice		City	Sinte	Zip
908 Reservoir Avenue 1. Business Phone No.		5. State of Incorporation	Cranston	RI	02910 6. SIC Code
(401) 944-4470 7. Brief Description of the Character of	Business Conducted	RHODE ISLAND			5702
Insurance brokerage ago B. NAMES AND ADDRESSE President Name	ency S OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	FORE USING ATTAC	HMENTS
Elaine Jacques			Street Address		
908 Reservoir Avenue	State	Zip	City	State	Zip
Cranston ecretary Name	RJ	02920	Treasurer Name		· · · · · ·
Elaine Jacques			Elaine Jacques		
Same as above	State	Zip	Same as above	State	Zip
O. NAMES AND ADDRESSE	S OF THE DIR	ECTORS (*X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Elaine Jacques			Street Address		
Same as above	State	zip	. City	State	7.ip
Director Name		•	Director Name		•
treet Address			Street Address		
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT.)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO 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



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

Signature of Officer

Elaine Jacques

Print or Type Name of Officer

President



2. Name of Corporation

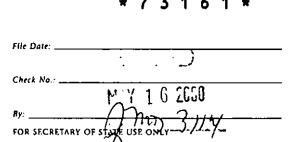
1. Corporate ID No.

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 2000

Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

73161	Jacques Brok	erage Ltd.			
l. Street Address Principal Business Of	Tice		City	State	Zip
908 Reservoir P	Avenue	5. State of Incorporation	Cranston	RI	02910 6. SIC Code
(401) 944-4470 Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND de Island			5702
Insurance broke B. NAMES AND ADDRESSE President Name			MENT) FILL IN SPACES BEF	ORE USING ATTACHMI	ENTS
Elaine Jacques			Street Address	·	
908 Reservoir i	Avenue State	Zip	City	State	Zip
Cranston		02920	Treasurer Name		•
Elaine Jacques			Elaine Jacques		
Same as above .	State	Zip	Same as above	State	ZIp
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B. Director Name	EFORE USING ATTACH	MENTS
Elaine Jacques			Street Address		
Same as above	State	Zip	City	State	Zip
Director Name	••• • • • • • • • • • • • • • • • • • •	• • • •	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* E	30X FOR ATTACHMENT)	
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Sertes	Par Value
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his report must be signe	d in ink by cither	the President, Vice P	resident, Secretary, Assista	nt Secretary, Treasurer	r, Receiver or Truste



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 Elaine Jacques

Print or Type Name of Officer President



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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1. Corporate ID No. 73161	2. Name of Corpor Jacques B	rokerage Ltd.			
3. Street Address Principal Busine	ess Office		City	State	Zip
908 Reservoir Aver	nue		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation		- 4	6. SIC Code
(401) 944-4470		RHODE ISLAI	ND		5702
7. Brief Description of the Charac	cter of Business Conducted	in Rhode Island	· · · · —		
Insurance brokerage					
		ICERS ("X" BOX FOR ATTAI	CHMENT) FILL IN SPACE	S REFORE USING ATTAC	MENTS
President Name		TOURS (A DOM TON ATTA	Vice President Name		
Elaine Jacques			:		
Street Address			Street Address		.
908 Reservoir Aver	nue				
Cliy	State	} Zip	- : City	State	T _{ZIp}
Cranston	RI	02920	: 0/	,	1
Secretary Name		······································	Therewas Mana		
Elaine Jacques			Treasurer Name Elaine Jacques		
Street Address					
Same as above			Street Address Same as above		
	· -	T	- <u> </u>		
City	State	zip 02920	City	State	Zip
	·			. ,	
	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Director Name			. Director Name		
Elaine Jacques		·	<u>:</u>		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
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Director Name	***************		Director Name	• • • • • • • • • • • • • • • • • • • •	•••••
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Street Address	•		Street Address		
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	
AUTHORIZED SHARES		· · · · · · · · · · · · · · · · · · ·	ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	· Par Value
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				· · · · · · · · · · · · · · · · · · ·	<u> </u>
This report must be sig	gned in ink by ei	ther the President, Vice	President, Secretary, As	ssistant Secretary, Treasu	rer, Receiver or Trust
1 181	6111 ISBRS IIIRI 11618 6119	1 			

File Date:

MAR 0 3 1999

Check No.:

Ety CODE 10

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.

Signature of Officer

Elaine Jacques

Print or Type Name of Officer

President

Title of Officer



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

fames R. Langevin, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN SUCCE)

PILLASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN	BLACK)				12.7
1. Corporate ID No. 73161	2. Name of Corpo.	ration Prokerage Ltd.			
3. Street Address Principal Bu			City		
908 Reservoir A	Avenue		Cranston	RI	02920
4. Business Phone No. (401) 944-4470		5. State of Incorporation RHODE ISLA			6. SIC Code 5702
7. Brief Description of the Che Insurance broke		in Rhode Island	<u> </u>	·	- +
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT)		· · · · · · · · · · · · · · · · · · ·
President Name Elaine Jacques			Vice President Name		
Street Address 908 Reservoir A	Avenue		Street Address		- · - · · · · - · · - · ·
City	State	Zip	City	State	T zip
Cranston	RI	02920			
Secretary Name			Treasurer Name	••••••••	** ************************************
Elaine Jacques			Elaine_Jacques	s	
Street Address 908 Reservoir	Avenue		Street Address 908 Reservoir	Avenue	
City	State	Zip	City	State	Zip acces
Cranston	RI	02920	Cranston	RI	^{Zip} 02920
9. NAMES AND ADD	RESSES OF THE DIE	RECTORS ("X" BOX FOR	TTACHMENT) (,	
Director Name Elaine Jacques			Director Name		
Street Address 908 Reservoir	Avenue		Street Address		
City	State	Zip	City	State	Zip
Cranston	RI	02920			"
Director Name	······································		Director Name		
Street Address	. . .	••	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000 SHS COMM	ION NO PAR		100	Common	No Par Value
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			•		Ī

* 7 3 1	Under penalty of perjury, I declare a	nd affirm that I have examined
File Date: 5/28/98	this report, including any accompan that ill statements contained herein Signature of Officer	
By:FOR SECRETARY OF STATE USE ONLY	Elaine Jacques 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	l: January	1-March 1	•	Filing	Fee:	\$50.00
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L. Corporate ID No.

2. Name of Corporation

73161	Jacque	s Brokerage	Ltd.				
3. Street Address Principal Business Op 908 Reservoir Av				City Cranston	State RI	^{Zip} 02920	
^{4. Buy} 7401y ^{ne} 944-4470			of Incorporation IODE ISLAI	ND		6. SIC Code 5702	
7. Brief Description of the Character o	f Business Conduc	ted in Rhode Island					
Insurance broker 8. NAMES AND ADDRESSI President Name		_	BOX FOR ATTAC	HMENT) Vice President Name		• •	
Elaine Jacques				None			
Street Address				Street Address	•		
908 Reservoir Av	enue						
Cranston	State RI	Zip	02920	City	State	Zip	
Secretary Name Elaine Jacques		•		Treasurer Name Elaine Jacqu	ies	• • • • • • • • • • • • • • • • • • • •	
Street Address 908 Reservoir Av	enue			Street Address 908 Reservoi	r Avenue	·	
City	State	Zip		City	State	Zip	
Cranston	RI		02920	Cranston	RI	02920	
9. NAMES AND ADDRESS Director Name Elaine Jacques	ES OF THE D	OIRECTORS (*X	" BOX FOR ATT	ACHMENT) Director Name		•	
Street Address 908 Reservoir Av	enue			Street Address	•	•	
Cranston Cranston	State RI	Zip	02920	Clly	State	Zip	
Director Name	••	•	• • •	Director Name	• • • • • • • • • • • • • • • • • • • •		
Street Address				Street Address			
City	State	Zip		City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	AND ISSUE	D (*x* box for	ATTACHMENT)	ISSUED SHARES	•		
Number of Shares	Class/Series	Par Val	ue	Number of Shares	Class/Series	Par Value	
4000 SHS COMMON	NO PAR			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 SECRITARY 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 mi statements contained herein are true and correct.

Signature of Officer

Elaine Jadques Print or Type Name of Officer

President

PROFIT CORPORATION ANNUAL REPORT

1996



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

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

1. CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OF	PRINT IN BLACK INK.	····		
	Name (Changed to:	Jacques Broke	rage Ltd.		
73161	f/k/accocr	-Jacques Ageno	y, Inc.			
3. STREET ADDRESS PHINOPAL BUSINESS OF FIC	1		CHY	STATE	T20 €000€	
908 Reservoir 1	Avenue	TS STATE OF ENCORPORATION	Cranston	RI	02920	
(401) 944-4470		RHODE I	ST.AND		6: SIC COOLE	
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Elaine Jacques			•			
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ECRETARY NAME		02320	TREASURER HAME			
Elaine Jacques		·	Elaine Jacque	es	···	
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			DIRECTOR NAME			
Elaine Jacques	·	 -				
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This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

7 6

File Date:	5/10/9
Check No:	1324

By:

-Elaine-Jacques-Print or Type Name of Officer

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.

160

President

Signature of Officer

2/10/96

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

ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March 1

Filing Fee \$50.00 401-277-3040 Make Checks Payable to: Secretary of State ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED Corporate ID: 73161 Annual Report for the Year: 1995 Name of Corporation: CODORI-JACOUES AGENCY, INC. Business entity organized under the Business Entity is (check one): laws of the State of: Rhode Island [X] Business Corporation (See RIGL Chapter 7-1.1)] Professional Service Corporation (See RIGL For foreign entity, address and telephone number of principal office: Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island: Insurance brokerage agency Phone: (Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 1011 Atwells Avenue Providence, RI 02909 Phone: (401) 421-6550 THE NAMES OF THE OFFICERS ARE: PRESIDENT Zip Code Street Address City/State 02909 Blaine Jacques 1011 Atwells Avenue, Providence, RI_ VICE PRESIDENT Street Address City/State Zip Code Donald F. Codori 02909 1011 Atwells Avenue, Providence, RI SECRETARY Street Address City/State Zip Code Donald F. Codori 02909 1011 Atwells Avenue. Providence, RI TREASURER Street Address City/State Zip Code Elaine Jacques 1011 Atwolls Avenue. 02909 Providence, RI THE NAMES OF THE DIRECTORS ARE: Street Address City/State Zip Code Blaine Jacques 1011 Atwells Avenue, Providence, RI 02909 NAME Street Address City/State Zip Code 1011_Atwells Avenue, 02909 Donald F. Codori Providence, RI NAME Street Address City/State Zip Code NUMBER OF SHARES AUTHORIZED (Rider may be assisted) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be not NUMBER OF SHARES AUTHORIZED NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) (Rider may be attached) Number of Shares Class/Series Class/Series Number of Shares 4,000 common/----200 common/----Date January 12 _,19<u>_95</u>_ Elaine Jacques Officer Signing Print or Type Name <u>President</u> Title of Officer Signing

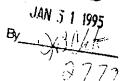
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

If the registered office and/or registered agen redicated below is incorrect,

Form 9 must be filed.

PLEASE NOTE:

Susan Leach DeBlasio One Park Row Providence, RI 02903



Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE OR PRINT State of Rhode Island and Providence Plantations LLC:Sept. 1 - Nov. 1 Office of The Secretary of State CORP: Jan. 1 - March 1

File Annually

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 73161	Annual Report for the Year: 1994
Name of Business Entity: CODORI-JACOUES AGE	NCY, INC.
Business entity organized under the laws of the State of: Rhode Island	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: Susan Leach DeBlasio 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):	Brief statement of the character of business conducted in Rhode Island: Insurance brokerage agency.
Providence, RI 02909	Date of Organization: July 7, 1993
Phone: 421-6550	Date of Qualification to do business in Rhode Island (if foreign entity):
THE NAMES (OF THE OFFICERS ARE:
D Chief Executive Officer or \underline{X} President (C	Check One) Street Address City/State Zip Code
Rlaine Jacques O Chief Operating Officer or X V. President	101) Atwells Avenue, Providence, RI 02909 (Check One) Street Address City/State Zip Code
Donald F. Codori Custodian of Records or X Secretary (C	1011 Atwells Avenue, Providence, RI 02909 Theck One) Street Address City/State Zip Code
Donald F, Codori Chief Financial Officer or X Treasurer (C	1011 Atwells Avenue, Providence, RI 02909 Check One) Street Address City/State Zip Code
Elaine Jacques	1011 Atwells Avenue, Providence, RI 02909
THE NAMES C	OF THE DIRECTORS ARE:
Name	Street Address City/State Zip Code
Blaine Jacques Name	1011 Atwells Avenue, Providence, RI 02909 Street Address City/State Zip Code
Donald F. Codori Name	1011 Atwells Avenue, Providence, RI 02909 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: 200
CLASS: common	CLASS: common
SERIES:	SERIES:
PAR VALUE OR WITHOUT PAR: No par value	PAR VALUE OR WITHOUT PAR: No par value
Date February 24 1994	By: Clair OCF, 105.
HAR 16 1594 By Charle	Print or Type Name of Officer Signing President
DESIGNATED REGISTERED OF RE	RSIDENT 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.