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.	2. Name of Corporation
140083	Graham Insurance, Inc.

3 Street Address Principal Business Office	City	State	Zip
328 Cowesett Avenue, Suite 4	West Warwick	RI	02893

4 Business Phone No	5 State of Incorporation	6 SIC Code
401 8287946	RHODE ISLAND	

7 Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENCY, SOLICITING AND RECEIVING APPLICATIONS FOR INSURANCE, MARKETING OF FINANCIAL PRODUCTS

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

President Name	Vice President Name
Mark J. Graham	Mark J. Graham
Street Address	**Street Address**
328 Cowesett Avenue, Suite 4	Same
City / State / Zip	**City / State / Zip**
West Warwick / RI / 02893	
Secretary Name	**Treasurer Name**
Mark J. Graham	Mark J. Graham
Street Address	**Street Address**
Same	Same
City / State / Zip	**City / State / Zip**

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

Director Name	Director Name
Mark J. Graham	
Street Address	**Street Address**
Same	
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)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 COMM NO PAR VALUE			100	Common	No Par

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

[redacted] 140083

140083 DBC 02/21/05 11:11:21 AM
File Date 2/28/05
Check No 1871
By LD
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[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* 2/24/2005

Mark J. Graham
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01