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 OR PRINTED IN BLACK)

05 APR 12 PM 3:18

1. Corporation ID No.	2. Name of Corporation
110592	INSURANCE LEADER, INC.

3. Street Address Principal Business Office	City	State	Zip
1237 Elmwood Avenue	Providence	RI	02907

4. Business Phone No	5. State of Incorporation	6. SIC Code
401-781-1810	RHODE ISLAND	5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS AGENT OR BROKER FOR INSURANCE COMPANIES.

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

President Name	Street Address	City	State	Zip
Meimei Tsang	6 Hill Street	N. Providence	RI	02904

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Meimei Tsang	same as above			

Treasurer Name	Street Address	City	State	Zip
Meimei Tsang	same as above			

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

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
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
900	common	no par

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

110592

File Date 2-15-05

Check No 7359

By a

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 — *Date* 2/11/05

Meimei Tsang
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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 2004

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

(FORM MUST BE TYPED IN BLACK)

STOP
PLEASE READ INSTRUCTIONS

1. Corporation ID No: 110592
2. Corporation Name: INSURANCE LEADER, INC.
3. Street Address of Principal Business Office: 237 Elmwood Avenue | City: Providence | State: RI | Zip: 02907
4. Business Phone No: 401-781-1810 RI
5. State of Incorporation
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: To act as agent or broker for insurance companies

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

President Name: Meimei Tsang
Street Address: 6 Hill Street
City: N. Providence State: RI Zip: 02904

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Meimei Tsang
Street Address: same as above
City: State: Zip:

Treasurer Name: Meimei Tsang
Street Address: same as above
City: State: Zip:

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
1000	common	no par value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
900	common	no par

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

FILED
AUG 23 2004
By KMC
C42089

[redacted]

File Date:
Check No.:
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

Meimei Tsang 8/18/04
Signature of Officer — Date

Meimei Tsang
Print or Type Name of Officer

President
Title of Officer

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: 110592

2 Name of Corporation: INSURANCE LEADER, INC.

3 Street Address Principal Business Office: 1237 ELMWOOD AVENUE

City: PROVIDENCE *State*: RI *Zip*: 02907-

4 Business Phone No: 4017811810

5 State of Incorporation: RHODE ISLAND

6 SIC Code:

7 Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS AGENT OR BROKER FOR INSURANCE COMPANIES.

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

President Name: Michael Tsang
Street Address: 57 Hawkins Blvd.
City: North Providence *State*: RI *Zip*: 02904

Vice President Name: NONE
Street Address:
City: *State*: *Zip*:

Secretary Name: Michael Tsang
Street Address: 57 Hawkins Blvd.
City: North Providence *State*: RI *Zip*: 02904

Treasurer Name: Michael Tsang
Street Address: 57 Hawkins Blvd.
City: North Providence *State*: RI *Zip*: 02904

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

Director Name: Michael Tsang
Street Address: 57 Hawkins Blvd.
City: North Providence *State*: RI *Zip*: 02904

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*
1,000	common	no par value

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] 110592 [redacted]

110592 DBC 10/01/03 12:30:48 PM
File Date 11-3-03
Check No 8405
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 *Date* 10/3/03

Michael Tsang, President
Print or Type Name of Officer

Title of Officer

[redacted]

Form 630 12/01

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*: 110592

2 *Name of Corporation*: INSURANCE LEADER, INC.

3 *Street Address Principal Business Office*: 1237 Elmwood Ave.
City: Providence *State*: RI *Zip*: 02907

4 *Business Phone No.*: 781-1810

5 *State of Incorporation*: RHODE ISLAND

6 *SIC Code*:

7 *Brief Description of the Character of Business Conducted in Rhode Island*:
acting as insurance agent/broker and to conduct a general insurance agency/brokerage

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

President Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Providence *State*: RI *Zip*: 02904

Vice President Name: NONE
Street Address:
City *State* *Zip*

Secretary Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Providence, *State*: RI *Zip*: 02904

Treasurer Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Providence, RI *State* *Zip*: 02904

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

Director Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Providence, *State*: RI *Zip*: 02904

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*
1,000 COMM	NO PAR VALUE	

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

* 1 1 0 5 9 2 *

File Date: 9/16/02

Check No: 8161

By: DA

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 *Date*: 9/12/02

MICHAEL TSANG, PRESIDENT
Print or Type Name of Officer

Title of Officer

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

Corporation 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: 350.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110592
2. Name of Corporation INSURANCE LEADER, INC.

3. Street Address Principal Business Office: 1237 Elmwood Ave.
City: Providence
State: RI
Zip: 02907

4. Business Phone No.: 781-1810
5. State of Incorporation: RHODE ISLAND
6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island
acting as insurance agent/broker and to conduct a general insurance agency/brokerage.

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

President Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Prov. State: RI Zip: 02904

Vice President Name: none
Street Address:
City: State: Zip:

Secretary Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Prov. State: RI Zip: 02904

Treasurer Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Prov. State: RI Zip: 02904

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

Director Name: MICHAEL TSANG
Street Address: 57 Hawkins Blvd.
City: No. Prov. State: RI Zip: 02904

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
1,000	COMM	NO PAR VALUE

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]

* 1 1 0 5 9 2 *

File Date: 11/5/2001

Check No.: 7945

By: [signature]

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] 11/5/01
Signature of Officer Date

MICHAEL TSANG. PRESIDENT Nov. 5, 2001
Print or Type Name of Officer

Title of Officer