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)

1. Corporate ID No	2. Name of Corporation
80692	SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office	City	State	Zip
1165 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. Business Phone No	5. State of Incorporation	6. SIC Code
401-781-4481	RHODE ISLAND	5702

7. Brief Description of the Character of Business (must fit in the space below)
TO MARKET AND SELL INSURANCE AND FINANCIAL SERVICES.

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

President Name	Vice President Name
JOSE R. TAVERAS	BERENICE E TAVERAS
Street Address: 1165 ELMWOOD AVE	Street Address: 1165 ELMWOOD AVE
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
Secretary Name	**Treasurer Name**
BERENICE E TAVERAS	JOSE R TAVERAS
Street Address: 1165 ELMWOOD AVE	Street Address: 1165 ELMWOOD AVE
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907

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

Director Name	Director Name
JOSE R TAVERAS	BERENICE E TAVERAS
Street Address: 1165 ELMWOOD AVE	Street Address: 1165 ELMWOOD AVE
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
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
8,000	COMM	$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON	$1.00

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 — *Date* 1/5/05

TAVERAS, JOSE
Print or Type Name of Officer

President
Title of Officer

[redacted]

FILED
File Date APR 14 2005
Check No. 02852
By
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
80692	SKA INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1165 Elmwood Avenue		Providence	RI	020907
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-781-4481	RHODE ISLAND			5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MARKET AND SELL INSURANCE AND FINANCIAL SERVICES.

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

President Name	*Street Address*	*City*	*State*	*Zip*
Jose R. Taveras	1176 Elmwood Ave,	Providence	RI	02907

Vice President Name	*Street Address*	*City*	*State*	*Zip*
Berenice E. Taveras	1165 Elmwood Avenue	Providence	RI	02907

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Berenice E. Taveras	1165 Elmwood Ave	Providence	RI	02907

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Jose R. Taveras	1165 Elmwood Avenue	Providence	RI	02907

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Jose R. Taveras	1165 Elmwood Avenue	Providence	RI	02907

Director Name	*Street Address*	*City*	*State*	*Zip*
Berenice E. Taveras	1165 Elmwood Avenue	Providence	RI	02907

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES 8,000

Number of Shares	*Class/Series*	*Par Value*
8,000 COMM $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0		

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

[redacted]

80692

File Date 1-12-04

Check No. 01680

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* 1/7/04

JOSE R. TAVERAS
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

Matthew A. Brown, 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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80692

2. Name of Corporation SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 1165 ELMWOOD AVENUE

City PROVIDENCE *State* RI *Zip* 02907

4. Business Phone No. 401-781-4481

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING ALL TYPE OF INSURANCE

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

President Name JULIO A. PICHARDO
Street Address 210 NEW YORK AVNEUE
City PROVIDENCE *State* RI *Zip* 02905

Secretary Name SAME AS ABOVE
Street Address
City *State* *Zip*

Vice President Name JULIO A. PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Treasurer Name SAME AS ABOVE
Street Address
City *State* *Zip*

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

Director Name JULIO A. PICHARDO
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name JULIO A. PICHARDO
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*
8,000 COMM		$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NONE		

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

[redacted]

* 8 0 6 9 2 *

File Date: 2-6-03

Check No.: 2450

By: VP

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.

Julio Pichardo — *Signature of Officer* — *Date* 2/3/03

JULIO A. PICHARDO
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

Edwin S. Ines, 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.
80692

2. Name of Corporation
SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office
1165 ELMWOOD AVENUE

City PROVIDENCE *State* RI *Zip* 02907

4. Business Phone No.
401-781-4481

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5702

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING ALL TYPE OF INSURANCE

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

President Name
JULIO A PICHARDO

Street Address
210 NEW YORK AVENUE

City PROVIDENCE *State* RI *Zip* 02907

Secretary Name
SAME AS ABOVE

Street Address

City *State* *Zip*

Vice President Name
JULIO A. PICHARDO

Street Address
SAME AS ABOVE

City *State* *Zip*

Treasurer Name
SAME AS ABOVE

Street Address

City *State* *Zip*

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

Director Name
JULIO A. PICHARDO

Street Address
1165 ELMWOOD AVENUE

City PROVIDENCE *State* RI *Zip* 02907

Director Name

Street Address

City *State* *Zip*

Director Name
JULIO A. PICHARDO

Street Address
SAME AS ABOVE

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*
8,000 COMM		$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NONE		

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.

File Date: 3.8.02

Check No.: 2195

Cr

FOR SECRETARY OF STATE USE ONLY

[redacted]

Signature of Officer *Date* 3/6/02

Print or Type Name of Officer JULIO PICHARDO

Title of Officer PRESIDENT

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. 80692

2. Name of Corporation SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 1165 ELMWOOD AVENUE — *City* PROVIDENCE — *State* RI — *Zip* 02907

4. Business Phone No. 401-781-4481

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING ALL TYPE OF INSURANCE

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

President Name JULIO A. PICHARDO
Street Address 210 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02905

Vice President Name JULIO A. PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Secretary Name SAME AS ABOVE
Street Address
City *State* *Zip*

Treasurer Name SAME AS ABOVE
Street Address
City *State*

RECEIVED JAN 25 11 09 AM '01 SECRETARY OF STATE CORPORATIONS DIV.

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

Director Name JULIO A. PICHARDO
Street Address 210 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02905

Director Name JULIO A. PICHARDO
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*
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NONE		

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

[redacted]

80692

FILED

File Date: JAN 25 2001

Check No: [redacted] By: CD257062

By: [redacted]

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* 1/17/01

Print or Type Name of Officer JULIO A. PICHARDO

Title of Officer PRESIDENT

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

Barbara R. Langseth, 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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80692

2. Name of Corporation SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 1165 ELMWOOD AVENUE
City PROVIDENCE *State* RI *Zip* 02907

4. Business Phone No 401-781-4481

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING ALL TYPE OF INSURANCE

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

President Name JULIO A. PICHARDO
Street Address 212 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02905

Vice President Name JULIO A. PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Secretary Name SAME AS ABOVE
Street Address
City *State* *Zip*

Treasurer Name SAME AS ABOVE
Street Address
City *State* *Zip*

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

Director Name JULIO A. PICHARDO
Street Address 212 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02905

Director Name JULIO A. PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Director Name SAME AS ABOVE
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*
8,000 SHS	COMM	$1.00 PAR

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

Number of Shares	*Class/Series*	*Par Value*
NONE		

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

80692

File Date: 12/30/99
Check No.: 1299
By: CMA
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 J. Tubach *Date* 12/28/99

JULIO A. PICHARDO 12/28/99
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
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80692

2. Name of Corporation SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office 1165 ELMWOOD AVENUE

City PROVIDENCE *State* RI *Zip* 02907

4. Business Phone No. 401-781-4481

5. State of Incorporation RHODE ISLAND

6. SIC Code 5702

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

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

President Name JULIO A. PICHARDO
Street Address 212 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02907

Vice President Name JULIO A. PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Secretary Name SAME AS ABOVE
Street Address
City *State* *Zip*

Treasurer Name SAME AS ABOVE
Street Address
City *State* *Zip*

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

Director Name JULIO A. PICHARDO
Street Address 212 NEW YORK AVNEUE
City PROVIDENCE *State* RI *Zip* 02907

Director Name SAME AS ABOVE
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*
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NONE		

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

[redacted] [redacted]

* 8 0 6 9 2 *

File Date: 1/14/99

Check No.: 3097

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.

Julio A. Pichardo
Signature of Officer *Date*

JULIO A. PICHARDO 01/12/99

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

Corporations Section, Office of the 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: 350.00

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 80692
2. *Name of Corporation* SKA INSURANCE AGENCY, INC.
3. *Street Address Principal Business Office* 1165 ELMWOOD AVENUE — *City* PROVIDENCE — *State* RI — *Zip* 02907
4. *Business Phone No.* 401-781-4481
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 5702
7. *Brief Description of the Character of Business Conducted in Rhode Island* INSURANCE BUSINESS

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

President Name JULIO A. PICHARDO
Street Address 210 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02905

Vice President Name JULIO A PICHARDO
Street Address SAME AS ABOVE
City *State* *Zip*

Secretary Name SAME AS ABOVE
Street Address
City *State* *Zip*

Treasurer Name SAME AS ABOVE
Street Address
City *State* *Zip*

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

Director Name JULIO A PICHARDO
Street Address 210 NEW YORK AVENUE
City PROVIDENCE *State* RI *Zip* 02907

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*
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
NONE		

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

* 8 0 6 9 2 *

File Date: 2-9-98
Check No.: 0713
By: WP
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* 1-31-98
JULIO A. PICHARDO
Print or Type Name of Officer
President
Title of Officer

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

James S. 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.
80692

2. Name of Corporation
SKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office
1165 ELMWOOD AVENUE

City
PROVIDENCE

State
RI

Zip
02907

4. Business Phone No.
401-781-4481

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5702

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

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

President Name
JOSE R. TAVERAS

Street Address
165 ELMWOOD AVENUE

City PROVIDENCE *State* RI *Zip* 02907

Vice President Name
SAME

Street Address

City *State* *Zip*

Secretary Name
SAME AS ABOVE

Street Address

City *State* *Zip*

Treasurer Name
SAME AS ABOVE

Street Address

City *State* *Zip*

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

Director Name
JOSE R. TAVERAS

Street Address
1165 ELMWOOD AVENUE

City PROVIDENE *State* RI *Zip* 02907

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

Number of Shares *Class/Series* *Par Value*
8,000 SHS COMM $1.00 PAR

ISSUED SHARES

Number of Shares *Class/Series* *Par Value*
NONE

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

* 8 0 6 9 2 *

File Date: 2-3-97

Check No.: 2207

By: VP

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* 1/30/97

JOSE R. TAVERAS
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporation Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK

1 CORPORATION ID #: 00592

2 NAME OF CORPORATION: SKA INSURANCE AGENCY, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 1165 ELMWOOD AVE.
CITY: PROVIDENCE
STATE: RI
ZIP CODE: 02907

4 BUSINESS PHONE NO: 401 781 4481

5 STATE OF INCORPORATION: RHODE ISLAND

6 SIC CODE: 5702

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: INSURANCE SALES OF PRIMARILY AUTOMOBILE & HOMEOWNERS

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: KENNETH B. ROUNDS
STREET ADDRESS: 21 BEAVER RD
CITY: Barrington
STATE: RI
ZIP CODE: 02806

VICE PRESIDENT NAME: NONE
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

SECRETARY NAME: SHARON M ROUNDS
STREET ADDRESS: 21 BEAVER RD
CITY: BARRINGTON
STATE: RI
ZIP CODE: 02806

TREASURER NAME: KENNETH B ROUNDS
STREET ADDRESS: 21 BEAVER RD
CITY: BARRINGTON
STATE: RI
ZIP CODE: 02806

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME:
STREET ADDRESS: N/A
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS: N/A
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS: N/A
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS: N/A
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
8,000 SHS	COMM	$1.00 PAR	N/A.		

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.

Kenneth B. Rounds
Signature of Officer

KENNETH B ROUNDS
Print or Type Name of Officer

PRESIDENT
Title of Officer

1/15/96
Date

File Date: 1/18/96
Check No: 2310
By: KID / DCL

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

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: 0080692

Annual Report for the year: 1995

Name of Corporation: SKA INSURANCE AGENCY, INC.

Business entity organized under the laws of the State of: R.I.

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

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

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1165 ELMWOOD AVE
PROVIDENCE RI 02907

Phone: (401) 781-4481

Brief statement of the character of business conducted in Rhode Island:
SALE OF INSURANCE AND OTHER-FINANCIAL SERVICES; FOCUSING ON AUTOMOBILE INSURANCE. AGENCY FOCUSES SERVICE TO THE HISPANIC COMMUNITY.

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	KENNETH BRUCE ROUNDS	21 BEAVER RD	BARRINGTON RI	02806
VICE PRESIDENT	NONE			
SECRETARY	SHARON MARIE ROUNDS	21 BEAVER RD	BARRINGTON RI	02806
TREASURER	KENNETH BRUCE ROUNDS	21 BEAVER RD	BARRINGTON RI	02806

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Kenneth Bruce Rounds	21 Beaver Rd	Barrington RI	02806
SHARON MARIE ROUNDS	21 Beaver Rd	BARRINGTON RI	02806

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
8,000	COMMON	100	COMMON

Date January 26, 1995

By: Kenneth Bruce Rounds
KENNETH BRUCE ROUNDS
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.

MARK SALES
1345 WESTMINSTER STREET
PROVIDENCE RI 02909

CK # 1081 nd