



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 80398		2. Name of Corporation PODMASKA INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 1309 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. 401-272-5444		5. State of Incorporation Rhode Island		SIC Code 5702	
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance sales and service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter J. Podmaska			Vice President Name Walter J. Podmaska		
Street Address 783 Greenville Avenue			Street Address 783 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Walter J. Podmaska			Treasurer Name Walter J. Podmaska		
Street Address 783 Greenville Avenue			Street Address 783 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter J. Podmaska			Director Name Stephen W. Podmaska		
Street Address 783 Greenville Avenue			Street Address 5 Deer Run Trail		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	500	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	OCT 16 2006
Check No.	
By:	15-4358
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 _____ Date _____
Walter J. Podmaska
Print or Type Name
President
Title



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Walter J. Podmaska			Treasurer Name Walter J. Podmaska		
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City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	500	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **OCT 16 2005**

Check No. **By**

By: **015-4358**

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

Date

Walter J. Podmaska

Print or Type Name

President

Title



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 80398		2. Name of Corporation PODMASKA INSURANCE AGENCY, INC.			
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4. Business Phone No 401-272-5444		5. State of Incorporation Rhode Island SIC Code 5702			
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Street Address 783 Greenville Avenue			Street Address 783 Greenville Avenue		
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Secretary Name Walter J. Podmaska			Treasurer Name Walter J. Podmaska		
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Street Address 783 Greenville Avenue			Street Address 5 Deer Run Trail		
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	500	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date OCT 16 2006

Check No. By

By: 07/15/05 7358

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

Date

Walter J. Podmaska

Print or Type Name

President

Title



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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Secretary Name Walter J. Podmaska			Treasurer Name Walter J. Podmaska		
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
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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 _____ Date _____

Walter J. Podmaska

Print or Type Name

President

Title

FILED	
File Date	OCT 16 2006
Check No.	
By	J. B. 615-4358
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
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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Street Address			Street Address		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	500	Common	No Par Value

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FILED
OCT 16 2006
By Walter J. Podmaska
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 Walter J. Podmaska Date _____
Print or Type Name
President
Title



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

Matthew A. Broum, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
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File Date FILED
Check No. OCT 16 2006
By By 215-4358
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 Walter J. Podmaska Date _____
Walter J. Podmaska
Print or Type Name
President
Title



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	500	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Signature

Date

Walter J. Podmaska

Print or Type Name

President

Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

OCT 16 2006

By: [Signature] 4358



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

80398

PODMASKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

1309 Chalkstone Ave

City

Providence

State

RI

Zip

02908

4. Business Phone No.

401-272-5444

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5702

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

Insurance Sales

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

President Name

Stephen W Podmaska

Street Address

5 Deer Run Tr

City

Johnston

Secretary Name

Stephen W Podmaska

Street Address

5 Deer Run Tr

City

Johnston

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

Director Name

Stephen W Podmaska

Street Address

5 Deer Run Tr

City

Johnston

Director Name

Waiter J Podmaska

Street Address

783 Greenville Ave

City

Johnston

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

Vice President Name

Waiter J Podmaska

Street Address

783 Greenville Ave

City

Johnston

Treasurer Name

Waiter J Podmaska

Street Address

783 Greenville Ave

City

Johnston

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 sh Common no par value

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



* 8 0 3 9 8 *

File Date: 6/10/98

Check No.: 3412

By: CDA

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.

Waiter J Podmaska 6/8/98

Signature of Officer

Date

Waiter J Podmaska

Print or Type Name of Officer

V. 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
401-277-3040



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.

80398

2. Name of Corporation

PODMASKA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

City

State

Zip

1309 Chalk Stone Ave

Providence RI 02908

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

5702

401-272-5444

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

Insurance Sales

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

President Name

Vice President Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

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

1,000 SHS NO PAR VALUE

1,000 None

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



* 8 0 3 9 8 *

File Date: 4/18/97

Check No.: 1427

By: GAP

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: Stephen Podmaska Date: 2-22-97

Print or Type Name of Officer: President Stephen Podmaska

Title of Officer: President

1996



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

PLEASE TYPE OR PRINT IN BLACK INK.

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.

Signature of Officer

Stephen W. Podnaska

Print or Type Name of Officer

President

Title of Officer

1-4-96

Date _____

File Date:

Check No:

Bv:

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: 0080898 Annual Report for the year: 1995Name of Corporation: Podmaska Insurance Agency Inc.Business entity organized under the laws of the State of: RI

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

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

1309 Chalkstone Ave
Providence RI 02908Marketing and Sales of
InsurancePhone: (401) 272-5444

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Stephen Podmaska 1309 Chalkstone Ave Providence RI 02908

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Walter Podmaska 1309 Chalkstone Ave Providence RI 02908

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Stephen Podmaska 1309 Chalkstone Ave Providence RI 02908

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Walter Podmaska 1309 Chalkstone Ave Providence RI 02908

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Stephen Podmaska 1309 Chalkstone Ave Providence RI 02908

NAME STREET ADDRESS CITY/STATE ZIP CODE

Walter Podmaska 1309 Chalkstone Ave Providence RI 02908

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

1,000Non/Par

Number of Shares

Class / Series

FILEDOCT 30 19951001306197Date 10-30, 19 95By: Stephen Podmaska
PRINT OR TYPE NAME OF OFFICER SIGNINGTITLE OF OFFICER SIGNING President

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.