

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

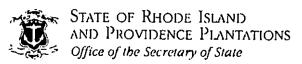
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

1. Corporate II) No. 80398	2. Name of Corpora PODMASKA	2. Name of Corporation PODMASKA INSURANCE AGENCY, INC.				
3. Street Address Principal Hustiness Office 1309 Chalkstone Avenue			Providence	State RI	7.1p 02908	
4. Hustness Phone No. 5. State of Incorporation 401-272-5444 Rhode Island			SIC Code 5702			
6. Brief Description of the Ch Insurance sales and	amoter of Business Conducted Service	In Rhode Island				
7. NAMES AND ADDR President Name Walter J. Podmask		ERS: ("X" BOX FOR AT	TACHMENT) FILL IN Vice President Name Walter J. Podmask		ATTACHMENTS	
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Sinvi Address 783 Greenville Ave	OUA		5 Deer Run Trail			
City	State	Zip	City	State	. Z(p =	
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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	
		corporation by an author corporation by the receiv	rized representative. If the er or trustee.	corporation is in the hand	s of a receiver or trustee	



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

law (R.I.G.L. 7-1,2-1501(1. Corporate ID No.	2. Name of Corpore				
80398	PODMASKA	PODMASKA INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 1309 Chalkstone Avenue			Providence	State RI	21p 02908
. Business Phone No S. State of Incorporation Rhode Island			n	SIC Code 5	702 0
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7. NAMES AND ADDF President Name	RESSES OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
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Johnston	RI	02919	Johnston	RI	02919
). NAMES AND ADDE Director Name	RESSES OF THE DIRECT	TORS: ("X" BOX FOR A	· · · ·	N SPACES BEFORE USIN	IGATTACHMENTS
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Irai Addres			Street Address		
783 Greenville Ave	enue		5 Deer Run Trail		ा हिन्दू
City.	State	Zip	City	State	Z(p =1 =1
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	ecuted on behalf of the c		rized representative. If the	corporation is in the hand	is of a receiver or trusted
ins report must be ex-	ecuted on behalf of the c	orporation by the receiv	er or trustee.		
<u>-</u> -	_			perjury, I declare and affirm	
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	· <i>U</i>		Committee received	/ 	//
File DateOCT	1 6 2005	–	Markey	(A)-00	brusk
Check No. By			Signature		Date
			Walter J. Podmaska		
Ву:	74000	-7358	Print or Type Nam	e	
מווים פנורים בדיים	LY OF STATE USE ONLY		President		
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Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2003

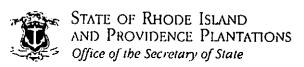
Filing Period: January 1 - March 1 • Filing Fee: \$50.00*
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 80398	2. Name of Corpora PODMASKA	NINSURANCE AGEN	CY, INC.		
3. Street Address Principal Business Office 1309 Chalkstone Avenue			City. Providence	State RI	21p 02908
4. Business Phone No S. State of Incorporation 401-272-5444 Rhode Island		-	SIC Code 57	702	
6 Brief Description of the Chi Insurance sales and	aracter of Business Conductes	d in Rhode Island			} (0
7. NAMES AND ADDR	ESSES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		رئ : ,
Walter J. Podmask	a		Walter J. Podmask	а	·!
Sinvi Address 783 Greenville Ave	nue	····	Street Address 783 Greenville Ave	nue	S (10)
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Secretary Name Walter J. Podmaska	а	······································	Treusurer Name Walter J. Podmask	a	-5 in 4
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8. NAMES AND ADDR Director Name Walter J. Podmaski		TORS: ("X" BOX FOR A	TTACHMENT) FILL II Director Name Stephen W. Podma		GATTACHMENTS
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783 Greenville Aver	nue		5 Deer Run Trail		里 为"思
City	State	Zip	City	State	1.2 Zip]
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Director Name	••••••••••••••••	***************************************	Director Name		
Street Addiess			Street Address		
City	State	Zip	Clly	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR A	TTACHMENT) 🗀	10. SHARES ISSUED	("X" BOX FOR ATTACI	HMENT)
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1,000	Common	No Par Value	500	Common	No Par Value
		corporation by an author corporation by the receiv	rized representative. If the eer or trustee.	corporation is in the hand	s of a receiver or trustee,

Title

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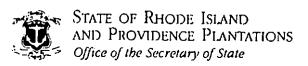
	
Under penalty of perjury, I declare and including any accompanying schedules contained herein are fore and correct.	
Signature (Signature	Date
Walter J. Podmaska	
Print or Type Name	
President	



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 Fee: \$50.00* Filing Period: January 1 - March 1 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. 2. Name of Corporation PODMASKA INSURANCE AGENCY, INC. 80398 3. Street Address Principal Business Office 1309 Chalkstone Avenue Providence RI 02908 4. Business Phone No. 5 State of Incorporation 401-272-5444 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name C. Walter J. Podmaska Walter J. Podmaska Sincer Address Store Addorss 783 Greenville Avenue 783 Greenville Avenue ďΞ State ZØ17 :5 Johnston RΙ 02919 RI 02919 Johnston Secretary Name Treasurer Name Walter J. Podmaska Walter J. Podmaska Since Address 783 Greenville Avenue 783 Greenville Avenue State City State Ziο 02919 RI Johnston **Johnston** RI 02919 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Walter J. Podmaska Stephen W. Podmaska Street Address Sirvei Address 783 Greenville Avenue 5 Deer Run Trail City State Zip Cuy State .늮 02919 **Johnston** |RI 02919 **Johnston** RI Director Name Director Name íri` Street Address Street Address City State Z.(p Z(p State 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Pur Value Class/Series Number of Shares Par Vulue 500 Common No Par Value 1,000 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. Walter J. Podmaska Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title



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

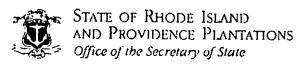
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* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing of	or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	

* In accordance with R.I.G.L. 7 law (R.I.G.L. 7-1.2-1501(c&d)) :	'-1.2-1501(e), each d is subject to a pena	corporation failing or refu ply fee of \$25.00.	ising to file its annual report	within thirty (30) days afte	er the time prescribed by
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4. Business Phone No State of Incorporation 401-272-5444 Shode Island			SIC Code 5702		
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance sales and service					70
7. NAMES AND ADDRESSES Provident Name	S OF THE OFFICE	ERS: ("X" BOX FOR AT	_	SPACES BEFORE USING	ATTACHMENTS
Walter J. Podmaska			Vice President Name Walter J. Podmaski	а	
783 Greenville Avenue			Street Address 783 Greenville Ave	nue	·a - / **;
City Johnston	State RI	<i>Ζιρ</i> 02919	Giry Johnston	State RI	ಧು ^{2/p} 02919 _
Secretary Name Walter J. Podmaska			Treasurer Name Walter J. Podmaska	3	⊙
Since Address 783 Greenville Avenue		_	Street Address 783 Greenville Avenue		
Johnston	State R1	<i>Σφ</i> 02919	City Johnston	Siale RI	<i>Σφ</i> 02919
8. NAMES AND ADDRESSES	OF THE DIRECT	TORS: ("X" BOX FOR A		N SPACES BEFORE USING	G ATTACHMENTS
Walter J. Podmaska			Stephen W. Podma	iska	
Siren Address			Street Address		로 XO
783 Greenville Avenue			5 Deer Run Trail		کری د
Johnston	State RI	^{Ζφ} 02919	<i>ப</i> ர Johnston	State RI	1 02919
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City	State	Zip	City	State	3 Zp [1]
9. SHARES AUTHORIZED (AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED	 ("X" BOX FOR ATTACE	I IMENT) 📙
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 this report must be executed	on behalf of the	corporation by an author corporation by the receiv	rized representative. If the cer or trustee.	corporation is in the hands	of a receiver or trustee,
•			Under penalty of p	erjury, I,declare and affirm t	hat I have examined this repo

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including any accompanying schedules	
contained herein are true and correct.	
Martin Joseph	Daic Daic
Walter J. Podmaska	Dine
Print or Type Name	
President	
Title	



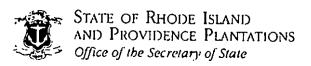
Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____2000

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

* In accordance with R.I.G.L. 7 law (R.I.G.L. 7-1,2-1501(c&d))	-1.2-1501(e), euch d is subject to a pena	corporation fulling or refu lly fee of \$25.00.	sing to file its annual report	within thirty (30) days afte	er the time prescribed by
I. Corporate ID No. 80398	2. Name of Corpora PODMASKA	INSURANCE AGEN	CY, INC.		
3. Street Address Principal Business Office 1309 Chalkstone Avenue			City Providence	State RI	21p 02908
4. Business Phone No 401-272-5444	S. C. L. C.			SIC Code 5	702
6. Brief Description of the Character Insurance sales and service	*	in Rhode Island			30
7. NAMES AND ADDRESSES President Name	OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) TELL IN S	SPACES BEFORE USING	
Walter J. Podmaska			Walter J. Podmaska	3	
783 Greenville Avenue			Street Address 783 Greenville Ave	nue	
City Johnston	State RI	^{Zip} 02919	<i>City</i> Johnston	State RI	© 02919 ²
Socretary Name Walter J. Podmaska			Trousurer Name Walter J. Podmaska	3	Ð
Stavet Address 783 Greenville Avenue			Sirrei Address 783 Greenville Aver	nue	
City Johnston	State RI	2 _{\(\phi\)} 02919	City Johnston	State RI	<i>Ζφ</i> 02919
8. NAMES AND ADDRESSES Director Name	OF THE DIRECT	TORS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS
Walter J. Podmaska		·	Stephen W. Podmaska		
783 Greenville Avenue			Sincer Address 5 Deer Run Trail		
City	State	Zip	City	State	1 210
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Street Address			Street Address	.	· · · · · · · · · · · · · · · · · · ·
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9. SHARES AUTHORIZED (AUTHORIZED SHARES	 "X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED	 ("X" BOX FOR ATTACE	 IMENT) [
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		or position by the recess	er or tradical		
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<u> </u>			including any acco	ompanying schedules and sta per free and correct.	tements, and that all statement
File Date	/~	_	Malles) Tolora	e to
Check No. — OCT 16 2006			Signature		Date
162	006	_	Walter J. Po		
1 DV:	\wedge	-4125 B	President		
FOR SECRETARY OF A	ATT USE OHYY O		Title		-



FOR SECRETARY OF STATE USE ONLY

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 _

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 it

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3. Street Address Principal Business O. 1309 Chalkstone Avenue			City Providence	State RI	2φ 02908
1 Business Phone No. 401-272-5444		5. State of Incorporation Rhode Island	·	SIC Code 57	o2 ぜつ
6. Brief Description of the Character of Insurance sales and service		bode Island			
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7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	(A BUA FOR ATTAC	HMENT) FILL IN SPAC : Vice President Name	ES BEFORE USING A	()() (
Walter J. Podmaska			Walter J. Podmaska	-:	· (j
783 Greenville Avenue			Sime Address 783 Greenville Avenue	 	젊목
Gity Johnston	State	Zip	Сиу	State	Zφ
l	T _K 1	J02919	Johnston	RI	02919
Socretary Name Walter J. Podmaska			Tresurer Name Walter J. Podmaska		
Street Address	· ·	<u> </u>	Sirect Address		
783 Greenville Avenue			783 Greenville Avenue		
City Johnston	State RI	χ _ι ρ 02040	City	State	Zφ
		02919	Johnston	RI	02919
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: (X BOX POR AII)	Olivelor Nume	CES BEFORE USING	ATTACHMENTS
Walter J. Podmaska			Stephen W. Podmaska		3 0
Street Address	-		Sirvei Address		- 112
783 Greenville Avenue	<u></u> .	<u> </u>	5 Deer Run Trail		图 治
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Director Name			Director Name		표 육연병
Street Address			Street Address	·	.5 in ∠
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*	 'X" BOX FOR ATTAC	I HMENT) □	10. SHARES ISSUED <i>("X</i>		 (ENT) □
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This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorized	representative. If the corpo	ration is in the hands o	of a receiver or trustee,
tins report must be exceuted o	in behalf of the corpo	ration by the receiver o	r trustee.		
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Doz			Signature		Date
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F07 05 05 05 05 05 05 05 05 05 05 05 05 05	70-70-	/ 30 /	President		

Title



James R. Langevin, Secretary of State
Carporations 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation PODMASKA INSURANCE AGENCY, INC. 3. Street Address Principal Business Office 30*9* 401-272-5 **RHODE ISLAND** Insurance 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address City State Street Address City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT. 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

1,000 SHS NO PAR VALUE

AUTHORIZED SHARES

Number of Shares

1,000 sh Common no per VALUC

Class/Series

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

ISSUFE) SHARES

Number of Shares

	* 8 0 3 9 8 *
File Date:	6/0/98
Check No.: _	341
Ву:	CAA
	ARY OF STATE USE ONLY

Class/Series

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 Office

Date

Date

Title of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

5702

Par Value

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM	MUST	BE	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

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PODMASKA INSURANCE AGENCY, INC.

3. Street Address Principal Business (Office	City 17	State Zip	
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4. Business Phone No.	5. State of Incorp.	pration	6. 510	
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	of Business Conducted in Rhode Island			
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Street Address	Street Address
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Johnston RI 02919	Johnston RI 02919
a	liegsuiei Nome
Street Address Stephen Podma SICA	Sucer Address PodmASICA
5 Deca Run Tr	783 Green Ville Ave
Johnston RI 02919	John STon RI 2100915
O MAMES AND ADDRESSES OF THE DIPLOTE .	- / // 0/ 0/ /

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

Director Name Director Name

Street Address Street Address

City State City State ZIp

Director Name Director Name Street Address

Street Address City State Zip Clly State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ESSUED SHARES 🔱

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

1,000 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

4,000 None

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

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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
ile Date: 4/18/9	that all statements contained herein fre true and correct.
heck No.:	Signature of Officer Date
COM	Print or Type Name of Officer Stephen Pod mask

rue and correct. Title of Officer

PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations

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

Filing Period: January 1-March 1

Filing Fee: \$50.00

Ву:

For Secretary of State Use Only

1. CORPORATE ID		2. NAME OF CORPORATION	PLEASE TYPE OR PRI	NT IN BLACK INK.			
803	98	•	A INSURANCE AGE	VCV INC			
	SS PRINCIPAL BUSINESS OF	FRICE FOUNTABLE	TINSURANCE AGE	aty	- STATE	' ZIP C00€	
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PRESIDENT NAVE		• • •	S AND ADDRES	"VICE PRESIDENT NAME"			
STREET ADDRESS		. Podmaska		Walter J. Pod	maska		
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SECRETARY NAME		, KI	, 02919 -1329	Johnston	RI	02919 - 1329	
	Stephen W	. Podmaska		Walter J. Pod	maska		
TREET ADDRESS	783 Green	ville Avenue	:	STREET ADDRESS 783 Greenville Avenue			
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	Walter J.	Podmaska					
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		This sa	and must be SIGNI	TO IN INIV be state on the	·····	· · · · · · · · · · · · · · · · · · ·	
	Pres	ident, Vice President	, Secretary, Assistan	ED IN INK by either the t Secretary, Treasurer, I	: Receiver or Truste	e 1	
				Under penalty of	periury. I declare and :	affirm that I have examined thi	
				report, including a all statements con	ny accompanying schotained herein are true	edules and statements, and the and/correct.	
				ILT.	W Francis	//	
File Date:	. 1/9/	46		Signature of Office	er v (/c/v/c/s	· · · · · · · · · · · · · · · · · · ·	
File Date: 1 9 96 Check No: 14-08			Stephen W. Podmaska				
		4.100		Print or Type Nam	e of Officer		

President

Title of Officer

1-4-96

Date

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: 00 80 39 9 8	Annual Report for the year: 1995
Name of Corporation: Poc maska Insura	nce Abency Inc
Business entity organized under the laws of the State of: ### Record #### Record #### Record ##### Record ##################################	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	Business Corporation (See RIGL Chapter 7-1.1)
1 or soreign entity, address and telephone humber of principal diffee.	Professional Service Corporation (See RIGL Chapter 7-5.1)
	[] Professional Service Corporation (See ALOE Chapter 7-5.1)
Phone: ()_	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode	MANGERIAL AND JAKES EF
Island (Provide street address - Not P.O. Box):	Insur Arce
1709 chalk stone Auz	
Providence XI U2908	
Phone: (401) 272 · 5444	
THE NAMES OF THE	HE OFFICERS ARE:
PRESIDENT STREET ADD	
STephen Poemaslea 1309 Ch	All STONE AUR Providing PI CA908
- /	
SECRETARY FOCUMASICA 1309 Chal	DRESS CITYSTATE PT 02908 CITYSTATE
STEPLES POLMASIA 1309 Chall TREASURER STREET ADD	Ester Du Providence RI 02908
TREASURER STREET ADD	DRESS CITYATATE ZIP CODE
WAITER Podmaska 1309 chalksTo	
THE NAMES OF TH	E DIRECTORS ARE: ORESS CITYSTATE ZIP CODE
STREET ADI	
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	GIVIALE ZI CODE
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Number of Shares Class / Series	Number of Shares Class / Series
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PRINT OR TY	PENAME OF OFFICER SIGNING
	FICER SIGNING PCW, den T
DESIGNATED REGISTERED AGE	ENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.