

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004945

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** CORNERSTONE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1350 DIVISION ROAD SUITE 301  
WEST WARWICK, RI 02893

**New Principal Place of Business:**

931 JEFFERSON BLVD  
SUITE 3001  
WARWICK, RI 02886

**Current Mailing Address:**

1350 DIVISION ROAD SUITE 301  
WEST WARWICK, RI 02893

**New Mailing Address:**

931 JEFFERSON BLVD  
SUITE 3001  
WARWICK, RI 02886

**FEI Number:** 05-0474165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLENN, TIMOTHY  
1200 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: CARDELLO, JOSEPH E  
Address: 125 WOODBRIDGE DRIVE  
City-St-Zip: EAST GREENWICH, RI 02818

Title: VPT  
Name: CALISE, ROBERT F  
Address: 81 CREST DRIVE  
City-St-Zip: CRANSTON, RI 02921

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F CALISE

VPT

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date