


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0001225

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90017 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006635**

1. Corporation Name

**TBS PREMIUM FINANCE CORPORATION**

Principal Place of Business  
**40 WESTMINSTER STREET  
PROVIDENCE RI 02903**

Mailing Address  
**PO BOX 6687  
PROVIDENCE RI 02940-6687**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/16/1997**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country  
**25**

2a. Mailing Address

**26** **40 Westminster Street**

Suite, Apt. #, etc.

**27** **Attn: TAX Department**

City & State

**28** **Providence RI**

Zip Country  
**29** **02903** **30** **USA**

4. FEI Number

**06-1491989**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **MCGOWAN, DONNA M**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **V** ☒ DELETE  
NAME **BUTERA, ANGELO M**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **AV** ☒ DELETE  
NAME **BOULEY, CHRISTOPHER J**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **S** ☐ DELETE  
NAME **MERICAN, LINDA S**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **AS** ☒ DELETE  
NAME **MARTIN, TANJA N**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **AS** ☒ DELETE  
NAME **GIBSON, HEIDI**  
STREET ADDRESS **40 WESTMINSTER STREET**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME **Donald c. Henderson**  
1.3 STREET ADDRESS **40 Westminster Street**  
1.4 CITY-ST-ZIP **Providence RI 02903**

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME **Kathleen A. Smith**  
2.3 STREET ADDRESS **40 Westminster Street**  
2.4 CITY-ST-ZIP **Providence RI 02903**

3.1 TITLE **AV** ☐ Change ☒ Addition  
3.2 NAME **Karen A. Fox-Muri**  
3.3 STREET ADDRESS **40 Westminster Street**  
3.4 CITY-ST-ZIP **Providence RI 02903**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Stephen A. Gilotti**  
4.3 STREET ADDRESS **40 Westminster Street**  
4.4 CITY-ST-ZIP **Providence RI 02903**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Dan R. McCullough**  
5.3 STREET ADDRESS **40 Westminster Street**  
5.4 CITY-ST-ZIP **Providence RI 02903**

6.1 TITLE **AS** ☒ Change ☐ Addition  
6.2 NAME **Heidi G. LeComte**  
6.3 STREET ADDRESS **40 Westminster Street**  
6.4 CITY-ST-ZIP **Providence RI 02903**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**Kathleen A. Smith** **4/6/99** **(401) 621-4479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

## Directors, Officers Report

### TBS Premium Finance Corporation

475628-910017-41  
F97000006635  
Monday, April 05, 1999

#### DIRECTORS

**Stephen A. Giliotti** Director  
Primary Address: 65 Bow Street  
East Greenwich, RI 02818

**Dan R. McCullough** Director  
Primary Address: 36 Horizon Drive  
Sauderstown, RI 02874

**Elizabeth C. Perkins** Director  
Primary Address: P.O. Box 2503  
Providence, RI 02906

#### OFFICERS

**Donna M. McGowan** ✓ President  
Primary Address: 55 Americo Drive  
Warwick, RI 02889

**Donald C. Henderson** Vice President  
Primary Address: 187 Crest Field Lane  
North Kingstown, RI 02852

**Kathleen A. Smith** Vice President - Tax  
Primary Address: 200 Cannon Street  
Unit 152  
Cranston, RI 02920

**Karen A. Fox-Nuri** Assistant Vice President  
Primary Address: 273 Norwood Avenue  
Cranston, RI 02905

**Linda S. Merican** Secretary  
Primary Address: 150 West Wrentham Road  
Cumberland, RI 02864

**Heidi G. LeComte** Assistant Secretary  
Primary Address: 624 Mt. Hope Avenue  
Fall River, MA 02724