



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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. 136946		2. Name of Corporation KEYES-GRAHAM-RIZZO INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 9 SUMMER STREET, SUITE 208			City FRANKLIN	State MA	Zip 02038
4. Business Phone No. 508-541-9061		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK S. RIZZO			Vice President Name ROBIN A. RIZZO		
Street Address 11 COLONIAL DRIVE			Street Address 11 COLONIAL DRIVE		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
Secretary Name ROBIN A. RIZZO			Treasurer Name MARK S. RIZZO		
Street Address 11 COLONIAL DRIVE			Street Address 11 COLONIAL DRIVE		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK S. RIZZO			Director Name NONE		
Street Address 11 COLONIAL DRIVE			Street Address		
City MENDON	State MA	Zip 01756	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares 20,000 COMM NO PAR VALUE			Class/Series Par Value		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares NONE			Class/Series 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 **FEB 13 2008**
Check No.
By *[Signature]*

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] 2/12/2008
Signature Date
MARK S. RIZZO
Print or Type Name
PRESIDENT
Title