RI SOS Filing Number: 200809759590 Date: 03/13/2008 4:00 PM

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.	2. Name of Corporation
120846	Sylvia and Company Insurance Agency, Inc.

3. Street Address Principal Business Office	City	State	Zip
500 Faunce Corner Road, Bldg. 100, Suite 120	North Dartmouth	MA	02747

4. Business Phone No.	5. State of Incorporation
508-995-4553	Massachusetts

6. Brief Description of the Character of Business Conducted in Rhode Island
Sale and service of insurance products

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Maureen Sylvia Armstrong	131 Elm Street	South Dartmouth	MA	02748

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Maureen Sylvia Armstrong	131 Elm Street	South Dartmouth	MA	02748

Treasurer Name	Street Address	City	State	Zip
Vincent P. Sylvia	7 East High Street	South Dartmouth	MA	02748

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Vincent P. Sylvia	7 East High Street	South Dartmouth	MA	02748

Director Name	Street Address	City	State	Zip
Beth Sylvia Caldwell	7 East High Street	South Dartmouth	MA	02748

Director Name	Street Address	City	State	Zip
Maureen Sylvia Armstrong	131 Elm Street	South Dartmouth	MA	02748

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
15,000	Common	No Par Value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
4,000	Common	No par
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Maureen Sylvia Armstrong — 3/6/08
Signature *Date*

Maureen Sylvia Armstrong
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. MAR 13 2008
By By 14908
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21534-67-247741

Form 630 Rev. 12/06

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