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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 2009

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		
18516	Lawrence-Sutcliffe, Inc.		
3. Street Address Principal Business Office	City	State	Zip
511 Putnam Pike	Greenville	R.I.	02828
4. Business Phone No.	5. State of Incorporation		
(401) 949-3500	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and operation of a General Insurance Agency Business

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

President Name			Vice President Name		
Barry J. Sutcliffe			Barry J. Sutcliffe		
Street Address			Street Address		
7 Appleseed Drive			7 Appleseed Drive		
City	State	Zip	City	State	Zip
Greenville	R.I.	02828	Greenville	R.I.	02828
Secretary Name			**Treasurer Name**		
Barry J. Sutcliffe			Barry J. Sutcliffe		
Street Address			Street Address		
7 Appleseed Drive			7 Appleseed Drive		
City	State	Zip	City	State	Zip
Greenville	R.I.	02828	Greenville	R.I.	02828

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES 300

Number of Shares	Class/Series	Par Value
300 No Par Value	200 Comm B	0
	100 Vote A	0

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
96	B	0
4	A	0

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.

Barry J. Sutcliffe 1/7/09
Signature *Date*

Barry J. Sutcliffe
Print or Type Name

President
Title

File Date FILED
Check JAN 12 2009
By By 3379
FOR SECRETARY OF STATE USE ONLY

[redacted]

30153-25-283206

Form 630 Rev. 12/06