

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

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

# Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000161890

- 2. Name of Corporation Lyons Insurance Agency, Inc.
- 3. Street Address Principal Business Office:

No. and Street: ONE RIGHTER PARKWAY, SUITE 110

City or Town: WILMINGTON State: DE Zip: 19803 Country: USA

4. Business Phone No.

302-658-5508

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

### INSURANCE AGENCY

#### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
CFO	EDWARD A CAMAROTA	ONE RIGHTER PARKWAY, SUITE 100 WILMINGTON, DE 19803 US	
PRESIDENT	DAVID F LYONS	ONE RIGHTER PARKWAY, SUITE 110 WILMINGTON, DE 19803- USA	

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$25.00	300.00	0

9. 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.

**Signed this 5 Day of February, 2009 at 11:44:37 AM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

### By DAVID F. LYONS

Signature of Authorized Representative of the Corporation

#### **PRESIDENT**

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations All Rights Reserved