

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

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 falling or refusing to file its annual report within thirty (30) days after the time prescribed by

	subject to a penalty fe	e of \$25.00.			
1. Corporate ID No.	2. Name of Corporation	noghue -	Insurance Age	my Inc.	Zip .
3. Street Address Principal Business Off	fice St	J	arington 1	State MA	YENOO"
4. Business Phone No.	300	5. State of Incorporation (CL))		
6. Brief Description of the Character of	nce Harr	W		PEROPE LICING ATTA	CHMENTS
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	\ \
President Name John W	J. Danoc	thue Ji.	Steplen C	0. Duros	zhue
Street Address Thounton	, have		88 Branc	n 0+	
Conord	State MA	CH-C1)	Scituate	State MA	00000
Secretary Name Chano Belliveau			Treasurer Name J. O. Donoghul		
Street Address	du Pd		Street Address Ediwas	u Foster	159
Carrida Carlo	State Y	24p CD CO Co	Scituate	State MA	Zip ODOCK
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATI	ACHMENT) TILL IN SPACE	ES BEFORE USING AT	TACHMENTS
Director Name			Director name		
Street Address			Street Address		3
City	State	Zip	City	State	$Zip \sim$
			•		
Director Name	.]	<u> </u>	Director Name	<u> </u>	
Director Name Street Address		.]	Director Name Street Address		75
	State	Zip		State	Zip
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Street Address City 9. SHARES AUTHORIZED (AUTHORIZED SHARES			Street Address City 10. SHARES ISSUED ("X"	BOX FOR ATTACHME	Zip
Street Address City 9. SHARES AUTHORIZED (AUTHORIZED SHARES Number of Shares	"X" BOX FOR ATTA	Par Value	Street Address City 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	BOX FOR ATTACHME	Zip NT) Par Value
Street Address City 9. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	Par Value	Street Address City 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION Number of Shares	BOX FOR ATTACHME MUST BE COMPLETED Class/Series	Zip NT) Par Value
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Street Address City 9. SHARES AUTHORIZED (AUTHORIZED SHARES Number of Shares This report must be executed	Class/Series Lon behalf of the col	Par Value CAOE rooration by an authoriz	Street Address City 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION Number of Shares The component of the corpor or trustee.	BOX FOR ATTACHME MUST BE COMPLETED Class/Series ation is in the hands of	Par Value a receiver or trustee,
Street Address City 9. SHARES AUTHORIZED (AUTHORIZED SHARES Number of Shares This report must be executed this report must be executed	Class/Series Lon behalf of the col	Par Value CAOE rooration by an authoriz	Street Address City 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION Number of Shares The representative. If the corpor or trustee. Under penalty of perjury including any accompany contained bergin are processed.	BOX FOR ATTACHME MUST BE COMPLETED Class/Series ation is in the hands of	Par Value a receiver or trustee, I have examined this report, ents, and that all statements