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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)) . . subject to a penalty fee of $25.00.***

1. Corporate ID No. 120246 | 2. Name of Corporation Waltham Insurance Center WIC INSURANCE INC. | Corp Id 120246

3. Street Address Principal Business Office: 230 SECOND AVE. SU 105 | City: WALTHAM | State: MA | Zip: 02451

4. Business Phone No.: 781-890-0999 | 5. State of Incorporation: MA

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

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

President Name: William T. KYNNE	Vice President Name
Street Address: 25 WASHINGTON DRIVE	Street Address: N/A
City: SUDBURY State: MA Zip: 01776	City State Zip
Secretary Name: William T. KYNNE	Treasurer Name: N/A
Street Address: 25 WASHINGTON DRIVE	Street Address
City: SUDBURY State: MA Zip: 01776	City State Zip

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

Director Name: William T. KYNNE	Director Name: ROLAND I. CAPONE
Street Address: 25 WASHINGTON DRIVE	Street Address: 143 PEATHAM ROAD
City: SUDBURY State: MA Zip: 01776	City: SUDBURY State: MA Zip: 01776
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Par Value	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	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.

[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.

William T. Kynne 12/18/08
Signature *Date*

WILLIAM T. KYNNE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 2-12-09
Check No. 8711
By: MNC

FOR SECRETARY OF STATE USE ONLY

31192-55-347367

Form 630 Rev. 12/06