

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. 140538	2. Name of Corporation The Shannon Agency, Inc.				
3. Street Address Principal Business Office 400 Massasoit Avenue, #104			City: East Providence	RI	<i>хър</i> 02914
4. Business Phone No. 5. State of Incorporation Rhode Island		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of To operate an insurance age		rode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATTA	ACHMENTS
President Name			Vice President Name		
Edward L. Shannon			Sarah E. Treanor		
Street Address 400 Massasoit Avenue, #104			Street Address 400 Massasoit Avenue, #104		
East Providence	State RI	^{ፖ.[} 02914	city East Providence	RI	^{Zip} 02914
Secretary: Name Sarah E. Treanor			Treasurer Name Edward L. Shannon		
Street Address 400 Massasoit Avenue, #104			Street Address 400 Massasoit Avenue, #104		
East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATTA		ES BEFORE USING AT	TACHMENTS
Director Name None			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	Common	\$1.00 per share
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.					

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 2-18-09	contained herein are true and correct. Advand Thamin 2/12/0,
Check No. 29126	Edward L Shannon
By: MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08