



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. 120846		2. Name of Corporation Sylvia and Company Insurance Agency, Inc.			
3. Street Address Principal Business Office 500 Faunce Corner Road, Bldg. 100, Suite 120			City North Dartmouth	State MA	Zip 02747
4. Business Phone No. 508-995-4553		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Sale and service of insurance products.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maureen Sylvia Armstrong			Vice President Name None		
Street Address 131 Elm Street			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
Secretary Name Maureen Sylvia Armstrong			Treasurer Name Vincent P. Sylvia		
Street Address 131 Elm Street			Street Address 10 Whiteweed Drive		
City South Dartmouth	State MA	Zip 02748	City Dartmouth	State MA	Zip 02747
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent P. Sylvia			Director Name Beth Sylvia Caldwell		
Street Address 10 Whiteweed Drive			Street Address 10 Whiteweed Drive		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
Director Name Maureen Sylvia Armstrong			Director Name		
Street Address 131 Elm Street			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 4,000	Class/Series Common	Par Value No par
			THIS SECTION MUST BE COMPLETED		

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.

File Date	FILED
Check No.	FEB 24 2009
By	By [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

Maureen Sylvia Armstrong 2/12/09
Signature Date
Maureen Sylvia Armstrong
Print or Type Name
President
Title