

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

401.222.30

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(e)'d) is

subject to a penalty fee of \$25.00.							
1. Corporate ID No. 120846	2. Name of Corporation Sylvia and Comp	pany Insurance Agency, Inc.					
3. Street Address Principal Business C 500 Faunce Corner Road	office d, Bldg. 100, Suite	120	North Dartmouth	State MA	Zip 02747		
4. Business Phone No. 508-995-4553  5. State of Incorporation Massachusetts							
Brief Description of the Character of Sale and service of insurance		bode Island					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FULL IN SPAC	ES BEFORE USING A	TTACHMENTS		
President Name			Vice President Name				
Maureen Sylvia Armstrong			None				
Street Address 131 Elm Street			Street Address				
City South Dartmouth	State MA	<sup>Zip</sup> 02748	City	State	Zip		
Secretary Name Maureen Sylvia Armstrong		Treasurer Name Vincent P. Sylvia		28			
Street Address 131 Elm Street		Street Address 10 Whiteweed Drive					
South Dartmouth	State MA	<sup>Zip</sup> 02748	City Dartmouth	State MA	0 <u>2</u> 247		
					A NAME AND ADDRESS OF THE OWNER.		
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S. ("X" BOX FOR ATT	(ACHMENT)   FILL IN SP	aces refore using	ATTACAMENTO:		
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Signature	Date	1 1
Maureen Sylvia	/Armstrong /	
Print or Type Name		
President		
Title		(20 B (19/09