



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

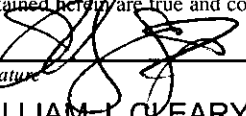
**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. 132681		2. Name of Corporation CLEARY INSURANCE, INC.			
3. Street Address Principal Business Office 226 CAUSEWAY STREET, SUITE 302			City BOSTON	State MA	Zip 02114
4. Business Phone No. 617-723-0700		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM J. CLEARY III			Vice President Name NONE		
Street Address 116 ATWOOD AVENUE			Street Address		
City NEWTONVILLE	State MA	Zip 02460	City	State	Zip
Secretary Name DAVID A. BAKST			Treasurer Name WILLIAM J. CLEARY JR.		
Street Address 231 WORTHEN ROAD			Street Address 27 KINGSWOOD ROAD		
City LEXINGTON	State MA	Zip 02421	City NEWTON	State MA	Zip 02466
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM J. CLEARY III			Director Name WILLIAM J. CLEARY JR.		
Street Address 116 ATWOOD AVENUE			Street Address 27 KINGSWOOD ROAD		
City NEWTONVILLE	State MA	Zip 02460	City NEWTON	State MA	Zip 02466
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 200,000	Class/Series COMMON	Par Value NO 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.

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.

Signature  Date 2/23/09  
WILLIAM J. CLEARY III  
Print or Type Name  
PRESIDENT  
Title

<b>FILED</b>	
File Date	FEB 24 2009
Check No.	11972
By:	E. 11972
FOR SECRETARY OF STATE USE ONLY	