



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.<br>59937                                                                                                               |              | 2. Name of Corporation<br>Scituate Insurance Agency, Inc. |                                                |              |              |
| 3. Street Address Principal Business Office<br>528 Putnam Pike/P.O. Box 550                                                                |              |                                                           | City<br>Greenville                             | State<br>RI  | Zip<br>02828 |
| 4. Business Phone No.<br>401-949-0559                                                                                                      |              | 5. State of Incorporation<br>RHODE ISLAND                 |                                                |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>INSURANCE AGENCY                                            |              |                                                           |                                                |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |              |                                                           |                                                |              |              |
| President Name<br>Nancy R. Brush-Mendizabal                                                                                                |              |                                                           | Vice President Name<br>David A. Brush          |              |              |
| Street Address<br>528 Putnam Pike/P.O. Box 550                                                                                             |              |                                                           | Street Address<br>528 Putnam Pike/P.O. Box 550 |              |              |
| City<br>Greenville                                                                                                                         | State<br>RI  | Zip<br>02828                                              | City<br>Greenville                             | State<br>RI  | Zip<br>02828 |
| Secretary Name<br>Nancy R. Brush-Mendizabal                                                                                                |              |                                                           | Treasurer Name<br>David A. Brush               |              |              |
| Street Address<br>528 Putnam Pike/P.O. Box 550                                                                                             |              |                                                           | Street Address<br>528 Putnam Pike/P.O. Box 550 |              |              |
| City<br>Greenville                                                                                                                         | State<br>RI  | Zip<br>02828                                              | City<br>Greenville                             | State<br>RI  | Zip<br>02828 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS         |              |                                                           |                                                |              |              |
| Director Name<br>David A. Brush                                                                                                            |              |                                                           | Director Name<br>Nancy R. Brush-Mendizabal     |              |              |
| Street Address<br>528 Putnam Pike/P.O. Box 550                                                                                             |              |                                                           | Street Address<br>528 Putnam Pike/P.O. Box 550 |              |              |
| City<br>Greenville                                                                                                                         | State<br>RI  | Zip<br>02828                                              | City<br>Greenville                             | State<br>RI  | Zip<br>02828 |
| Director Name                                                                                                                              |              |                                                           | Director Name                                  |              |              |
| Street Address                                                                                                                             |              |                                                           | Street Address                                 |              |              |
| City                                                                                                                                       | State        | Zip                                                       | City                                           | State        | Zip          |
| Greenville                                                                                                                                 | RI           | 02828                                                     | Greenville                                     | RI           | 02828        |
| Director Name                                                                                                                              |              |                                                           | Director Name                                  |              |              |
| Street Address                                                                                                                             |              |                                                           | Street Address                                 |              |              |
| City                                                                                                                                       | State        | Zip                                                       | City                                           | State        | Zip          |
| Greenville                                                                                                                                 | RI           | 02828                                                     | Greenville                                     | RI           | 02828        |
| Director Name                                                                                                                              |              |                                                           | Director Name                                  |              |              |
| Street Address                                                                                                                             |              |                                                           | Street Address                                 |              |              |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                                                           |                                                |              |              |
| AUTHORIZED SHARES                                                                                                                          |              |                                                           | ISSUED SHARES — THIS SECTION MUST BE COMPLETED |              |              |
| Number of Shares                                                                                                                           | Class/Series | Par Value                                                 | Number of Shares                               | Class/Series | Par Value    |
| 500 NO PAR VALUE                                                                                                                           | Common       | no par value                                              | 100                                            | Common       | 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.

**FILED**

File Date

MAR 02 2009

Check No.

By Lx109

By:

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.

Signature

Date

Nancy R. Brush-Mendizabal

Print or Type Name

President

Title