



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
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. <b>120335</b>		2. Name of Corporation <b>TWINBROOK INSURANCE AGENCY, INC.</b>			
3. Street Address Principal Business Office <b>400A Franklin Street</b>		City <b>Braintree</b>	State <b>Ma</b>	Zip <b>02134</b>	
4. Business Phone No. <b>7818437000</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>INSURANCE AGENCY</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joseph P. Rizzo</b>			Vice President Name		
Street Address <b>37 Otis Hill Road</b>			Street Address		
City <b>Hingham</b>	State <b>Ma</b>	Zip <b>02043</b>	City	State	Zip
Secretary Name <b>Joseph P. Rizzo</b>			Treasurer Name <b>Joseph P. Rizzo</b>		
Street Address <b>37 Otis Hill Road</b>			Street Address <b>37 Otis Hill Road</b>		
City <b>Hingham</b>	State <b>Ma</b>	Zip <b>02043</b>	City <b>Hingham</b>	State <b>Ma</b>	Zip <b>02043</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Joseph P. Rizzo</b>			Director Name		
Street Address <b>37 Otis Hill Road</b>			Street Address		
City <b>Hingham</b>	State <b>Ma</b>	Zip <b>02043</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			<b>146</b>	<b>Common</b>	<b>No Par</b>
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — 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.



\*120335\*

File Date	<b>FILED</b>
Check No.	<b>MAR 16 2009</b>
By:	<b>By 16/39</b>
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 **Joseph P. Rizzo** Date **3/12/09**  
Print or Type Name **JOSEPH P. RIZZO**  
Title **PRESIDENT**