



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000126734

**2. Name of Corporation** E.P. Tremblay and Sons Insurance Agency, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 35 BOWKER TERRACE

City or Town: SOMERSET

State: MA Zip: 02726 Country: USA

**4. Business Phone No.**

508.675.7557

**5. State of Incorporation**

State: MA

**6. Brief Description of the Character of Business Conducted in Rhode Island**

INSURANCE AGENCY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	JANET PETTINE	140 ANCHOR DRIVE SOMERSET, MA 02726 USA
SECRETARY	MARK L TREMBLAY	35 BOWKER TERRACE SOMERSET, MA 02726 USA
PRESIDENT	MARK L TREMBLAY	35 BOWKER TERRACE SOMERSET, MA 02726- USA
AUTHORIZED REPRESENTATIVE	AMY PAGE OBERG	ONE TURKS HEAD PLACE SUITE 1200 PROVIDENCE, RI 02903 USA
DIRECTOR	MARK L TREMBLAY	35 BOWKER TERRACE SOMERSET, MA 02726 USA
DIRECTOR	JANET PETTINE	140 ANCHOR DRIVE SOMERSET, MA 02726

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	15,000.00	15000

**9. 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.**

**Signed this 31 Day of March, 2009 at 8:56:14 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By AMY PAGE OBERG  
Signature of Authorized Representative of the Corporation

AUTHORIZED REPRESENTATIVE  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations  
All Rights Reserved