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

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

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(cend)) is subject to a penalty fee of $25.00.*

1. C: 129750
2. Name of Corporation: FOLEY INSURANCE AGENCY, INC
3. Street Address Principal Business Office: 3 MECHANIC ST. City: HOPE VALLEY State: R.I. Zip: 02832
4. Business Phone No.: 401-539-5076
5. State of Incorporation: RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island: ALL STATE INS.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: CHARLES P. FOLEY SR.	Vice President Name: ESTELLE R. FOLEY
Street Address: 87 ASHBURTON DRIVE	Street Address: 87 ASHBURTON DRIVE
City: CRANSTON State: R.I. Zip: 02921	City: CRANSTON State: R.I. Zip: 02921
Secretary Name: CHARLES P. FOLEY SR	Treasurer Name: CHARLES P. FOLEY SR
Street Address: 87 ASHBURTON DRIVE	Street Address: 87 ASHBURTON DRIVE
City: CRANSTON State: R.I. Zip: 02921	City: CRANSTON State: R.I. Zip: 02921

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000		$ 0

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.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Charles P. Foley SR 10/7/09
Signature *Date*

CHARLES P. FOLEY SR 10/7/09
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. DEC 21 2009
By: By
FOR SECRETARY OF STATE USE ONLY

Allstate. You're in good hands.

Form 630 Rev. 08/08