



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 2010**

**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. 75076		2. Name of Corporation T.J. Dacey, Ltd.			
3. Street Address Principal Business Office 14 Lillibridge Drive			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-821-5414 401-885-1488		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To manage in the operation of a full service independent insurance agency.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENTS <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Thomas J. Dacey			Vice President Name Marcia S. Dacey		
Street Address 14 Lillibridge Drive			Street Address 14 Lillibridge Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Marcia S. Dacey			Treasurer Name Thomas J. Dacey		
Street Address 14 Lillibridge Drive			Street Address 14 Lillibridge Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Thomas J. Dacey			Director Name Marcia S. Dacey		
Street Address 14 Lillibridge Drive			Street Address 14 Lillibridge Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
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 MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No par
THIS SECTION MUST BE COMPLETED					

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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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
FEB 11 2010  
By *[Signature]*  
110728

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]* 02-04-2010  
Signature Date  
Thomas J. Dacey  
Print or Type Name  
President  
Title