



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

[Click here for instruction page](#)

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. <b>67410</b>		2. Name of Corporation <b>TOWNE CRIER AGENCY, INC.</b>	
3. Street Address Principal Business Office <b>1025 TIOGUE AVENUE</b>		City <b>COVENTRY</b>	State <b>RI</b>
4. Business Phone No. <b>828-2100</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO DEVELOP BUILD, DELIVER, INSTALL, SELL, REPAIR, ALL TYPES OF MODULAR UNITS; RESIDENTIAL AND COMMERCIAL</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>ELAINE M. ECCLESTON</b>		Vice President Name <b>ELAINE M. ECCLESTON</b>	
Street Address <b>224 STUBBLE BROOK ROAD</b>		Street Address <b>224 STUBBLE BROOK ROAD</b>	
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>
Secretary Name <b>ELAINE M. ECCLESTON</b>		Treasurer Name <b>ELAINE M. ECCLESTON</b>	
Street Address <b>224 STUBBLE BROOK ROAD</b>		Street Address <b>224 STUBBLE BROOK ROAD</b>	
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>ELAINE M. ECCLESTON</b>		Director Name	
Street Address <b>224 STUBBLE BROOK ROAD</b>		Street Address	
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED <b>600 NO PAR VALUE</b>			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			
Number of Shares <b>100</b>	Class/Series <b>COMMON</b>	Par Value <b>NO PAR VALUE</b>	

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 **FEB 16 2010**

Check No. **9V 2365**

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.

*Elaine M. Eccleston* 2/11/10  
Signature Date

**ELAINE M. ECCLESTON**  
Print or Type Name

**PRESIDENT**  
Title