



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. 136946		2. Name of Corporation KEYES-GRAHAM-RIZZO INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 9 SUMMER STREET, SUITE 208			City FRANKLIN	State MA	Zip 02038
4. Business Phone No. 508-541-9061		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK S. RIZZO			Vice President Name ROBIN A. RIZZO		
Street Address 11 COLONIAL DRIVE			Street Address 11 COLONIAL DRIVE		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
Secretary Name ROBIN A. RIZZO			Treasurer Name MARK S. RIZZO		
Street Address 11 COLONIAL DRIVE			Street Address 11 COLONIAL DRIVE		
City MENDON	State MA	Zip 01756	City MENDON	State MA	Zip 01756
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK S. RIZZO			Director Name NONE		
Street Address 11 COLONIAL DRIVE			Street Address		
City MENDON	State MA	Zip 01756	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			NONE		

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 2-17-2010  
 Check No. 2023  
 By: mna  
 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 [Signature] Date 2/12/2010  
 Print or Type Name  
**MARK S. RIZZO**  
 PRESIDENT  
 Title