



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2010

1. ID No. 000092793

2. Exact Name of the Limited Liability Company Troy, Pires and Allen, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE AGENCY

5. Principal Office Address

No. and Street: 376 NEWPORT AVENUE
City or Town: EAST PROVIDENCE State: RI Zip: 02916 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 376 NEWPORT AVENUE
City or Town: EAST PROVIDENCE State: RI Zip: 02916 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM M ALLEN	31 MARLAINE DR SEEKONK, MA 02771 USA
MANAGER	PETER J TROY	77 ROBINCREST SEEKONK, MA 02771 USA
MANAGER	GREGORY G TROY	66 TARKLIN RD SMITHFIELD, RI 02814 USA
MANAGER	ANDREW P TROY	60 PEQUOT RD PAWTUCKET, RI 02916 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN I. DONOVAN 727 CENTRAL AVENUE PAWTUCKET , RI 02861-

Signed this 20 Day of July, 2010 at 9:57:09 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM M ALLEN
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

