



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000147565

2. Name of Corporation Provider Insurance Group Inc.

3. Street Address Principal Business Office:

No. and Street: 160 GOULD STREET, SUITE 160

City or Town: NEEDHAM HEIGHTS

State: MA

Zip: 02494

Country: USA

4. Business Phone No.

781-444-0347

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

GENERAL INSURANCE AGENCY, BROKERAGE BUSINESS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	RICHARD J HILLBERG	26 FOX HILL ROAD WESTWOOD, MA 02090 USA
CEO	WILLIAM M DARCEY	188 GROVE STREET WELLESLEY, MA 02481 USA
DIRECTOR	RAYMOND J HART	179 ROLLING MEADOW DRIVE HOLLISTON, MA 01746 USA
DIRECTOR	ANDREW D BONEE	42 SHIRLEY ROAD WELLESLEY, MA 02482 USA
DIRECTOR	GLEN E DAVIS	358 SUTTON STREET NORTH ANDOVER, MA 01845 USA
DIRECTOR	STEPHEN G. DAVIS	224 GORWIN DRIVE HOLLISTON, MA 01746

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	2,500.00	822

9. 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.

Signed this 31 Day of March, 2011 at 4:21:03 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEPHEN G. DAVIS

Signature of Authorized Representative of the Corporation

OPERATIONS MANAGER

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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