



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 121867		2. Exact name of the Corporation HADLEY INSURANCE AGENCY, INC			
3. Principal office address 246 Durtree St.			City Fall River	State MA	Zip 02720
4. Business Phone No. 508-678-5267			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island Insurance Sales & Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert C. Hadley			Vice-President Name		
Street Address 63 Cliff St.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name			Treasurer Name Christopher M. Hadley		
Street Address			Street Address 18 Tiffany Circle		
City	State	Zip	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert C. Hadley			Director Name Christopher M. Hadley		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 15,000			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.			NUMBER OF SHARES 54	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE

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: _____

FILED 1050

AUG 05 2012

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.

Robert C. Hadley 8/7/12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY **DL-176519**

Robert C. Hadley, Pres.
 Print or Type Name of Authorized Representative