



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: 2013

1. Corporate ID No. 000119527

2. Name of Corporation Herbert H. Landy Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 75 SECOND AVENUE, SUITE 410

City or Town: NEEDHAM

State: MA Zip: 02494-2876 Country: USA

4. Business Phone No.

781-449-7711

5. State of Incorporation

State: MA

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

SALE OF PROFESSIONAL LIABILITY INSURANCE

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 |
|-----------------|--|--|
| PRESIDENT | BETSY A MAGNUSON | 75 SECOND AVE NEEDHAM, MA 02494 |
| TREASURER/CLERK | STEPHEN RASKIN MR. | 1501 BEACON ST #1103 BROOKLINE, MA 02146 USA |
| PRESIDENT | BETSY ANN MAGNUSON | 33 HAYDEN DRIVE FOXBORO, MA 02035- USA |
| DIRECTOR | HERBERT H LANDY MR. | FOXHILL VILLAGE 10 LONGWOOD DR SUITE 260 WESTWOOD, MA 02090 USA |
| DIRECTOR | LEAH LANDY MRS. | FOXHILL VILLAGE, 10 LONGWOOD DR, SUITE 260 |

| | | |
|----------|------------------------|---|
| DIRECTOR | ROBERT CATALDO | WESTOWWD, MA 02090 USA 30 SOLOMON PIERCE ROAD LEXINGTON, MA 02173 USA |
| DIRECTOR | BETSY ANN MAGNUSON MS. | 33 HAYDEN DRIVE FOXBORO, MA 02035 USA |

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 | | \$0.0000 | 12,500.00 | 955 |

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 2 Day of January, 2013 at 10:16:33 AM. *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 BETSY MAGNUSON
Signature of Authorized Representative of the Corporation

PRESIDENT
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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