



**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.** 000120846

**2. Name of Corporation** SYLVIA AND COMPANY INSURANCE AGENCY, INC.

**3. Street Address Principal Business Office:**

No. and Street: 500 FAUNCE CORNER ROAD BUILDING  
100, SUITE 120

City or Town: NORTH DARTMOUTH

State: MA Zip: 02747 Country: USA

**4. Business Phone No.**

5089954553

**5. State of Incorporation**

State: MA

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

SALE AND SERVICE OF INSURANCE PRODUCTS

**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	MAUREEN SYLVIA ARMSTRONG	131 ELM STREET SOUTH DARTMOUTH, MA 02748- USA
COO	BETH SYLVIA CALDWELL	10 WHITEWEED DR DARTMOUTH, MA 02747 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	15,000.00	4000

**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 January, 2013 at 2:32:46 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 JESSICA BUSSIERE  
Signature of Authorized Representative of the Corporation

QUALITY CONTROL PROCESSOR  
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

© 2007 - 2013 State of Rhode Island and Providence Plantations  
All Rights Reserved