



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 120683		2. Name of Corporation E.J. Wells Insurance Agency, Inc.			
3. Street Address Principal Business Office 238 Littleton Road			City Westford	State MA	Zip 01886
4. Business Phone No. 978-392-4567		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island To write commercial insurance.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul J. Coffey			Vice President Name None		
Street Address 23 Phillips Drive			Street Address		
City Westford	State MA	Zip 01886	City	State	Zip
Secretary Name Paul J. Coffey			Treasurer Name Paul J. Coffey		
Street Address 23 Phillips Drive			Street Address 23 Phillips Drive		
City Westford	State MA	Zip 01886	City Westford	State MA	Zip 01886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul J. Coffey			Director Name		
Street Address 23 Phillips Drive			Street Address		
City Westford	State MA	Zip 01886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 15,000	Class/Series Common	Par Value No par

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 20 2013

BY CM 190425

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.

Paul J. Coffey
Signature

JAN 29, 2013
Date

Paul J. Coffey

Print or Type Name

President

Title