



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 2013

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. 67410		2. Exact name of the Corporation TOWNE CRIER AGENCY, INC.			
3. Principal office address 1025 TIOGUE AVENUE		City COVENTRY	State RI	Zip 02816	
4. Business Phone No. 828-2100		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MODULAR UNITS; RESIDENTIAL AND COMMERCIAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ELAINE M. ECCLESTON			Vice-President Name ELAINE M. ECCLESTON		
Street Address 224 STUBBLE BROOK ROAD			Street Address 224 STUBBLE BROOK ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name ELAINE M. ECCLESTON			Treasurer Name ELAINE M. ECCLESTON		
Street Address 224 STUBBLE BROOK ROAD			Street Address 224 STUBBLE BROOK ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ELAINE M. ECCLESTON			Director Name		
Street Address 224 STUBBLE BROOK ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	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 _____
 FOR SECRETARY OF STATE USE ONLY

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.

FILED

MAR 27 2013

Elaine M. Eccleston 2/1/13
 Signature of Authorized Representative Date

ELAINE M. ECCLESTON

BY 2475 Print or Type Name of Authorized Representative