



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. 1568		2. Exact name of the Corporation ATWOOD INSURANCE AGENCY, LTD.			
3. Principal office address 565 BROADWAY		City PROVIDENCE		State RI	Zip 02909
4. Business Phone No. (401) 274-4340		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANDREW PALAZZO			Vice-President Name NONE		
Street Address 565 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name ANDREW PALAZZO			Treasurer Name ANDREW PALAZZO		
Street Address 565 BROADWAY			Street Address 565 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANDREW PALAZZO			Director Name		
Street Address 565 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02909	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
			1000	COMMON	NO PAR

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: _____ **BY** _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 27 2013

193782

DS

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.

Signature of Authorized Representative

ANDREW PALAZZO

Print or Type Name of Authorized Representative

3/8/2013
Date