



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corp  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000127962

**2. Name of Corporation** THE PARK INSURANCE AGENCY, INC.

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

No. and Street: 100 WILLIAM ST. # 200  
City or Town: WELLESLEY

State: MA Zip: 02481 Country: USA

**5. State of Incorporation**

State: MA

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

TO SELL LIFE, HEALTH AND VARIABLE ANNUITIES 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	MARIA A. STAFFIERE	100 WILLIAM ST. WELLESLEY, MA 02481 USA
TREASURER	SUSAN K ARNOLD	100 WILLIAM ST WELLESLEY, MA 02481 USA
CLERK	JOHN W. FILOON III	100 WILLIAM ST. WELLESLEY, MA 02481 USA
DIRECTOR, CEO	MARK K. GIM	23 BROAD ST WESTERLY, RI 02891 USA
DIRECTOR	JOHN W. FILOON III	100 WILLIAM ST. WELLESLEY, MA 02481 USA
DIRECTOR	JOSEPH M MARCAURELE	23 BROAD ST. WESTERLY, RI 02891 USA
DIRECTOR	DAVID V. DEVAULT	23 BROAD ST. WESTERLY, RI 02891 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>
CWP		\$0.0100	100,000.00	300

**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 18 Day of June, 2013 at 10:10:26 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 MARIA A. STAFFIERE

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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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

