RALPH MO	State	of Rhode Island and Pro Office of the Secret		Fee: \$50.00			
Secretary of S	La La	Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615				
Foreign Busin Annual Repor Filing Period: Janu	t						
	in thirty (30) da	-1501(e), each corporation faili ys after the time prescribed by of \$25.00.					
ANNUAL REPORT YEAR: 2013							
1. Corporate ID No. 000119426							
2. Name of Corporation PRW Associates Insurance Agency, Inc.							
3. Street Address Principal Business Office:							
No. and Street: <u>ONE PINE HILL DRIVE; SUITE 502</u> 2 BATTERYMARCH PARK							
City or Town:	QUINCY		State: <u>MA</u> Zip: <u>02169</u>	Country: <u>USA</u>			
4. Business Pho	one No.						
<u>617-745-090</u>	<u>00</u>						
5. State of Incor	poration						
State: <u>MA</u>							
6. Brief Descript	tion of the Cha	aracter of Business Conducto	ed in Rhode Island				
INSURANCE A	AGENCY AN	D RELATED SERVICES					
7. Names and A	ddresses of th	e Officers and Directors:					
All officers ar	nd directors m	ust be listed.					
Tit	le	Individual Name	Address				
TREAS	URER	First, Middle, Last, Suffix RICHARD A. RENWICK	Address, City or Town, State, Zi				
			BATTERYMARCH PAR QUINCY, MA 02169				
PRESI	DENT	WILLIAM A PAYNE	BATTERYMARCH PAR QUINCY, MA 02169-				

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$1.0000	1,000.00	100
 9. This report must be exect corporation is in the hand corporation by the receiver Signed this 30 Day of July individuals signing this instastignatory, under penalties of act and deed of the corporation 	s of a receiver or truster or truster or trustee. , 2013 at 9:56:36 AN trument constitutes the of perjury, that this in	stee, this report must I. This electronic sign e affirmation or ackn strument is that indiv	be executed on b nature of the indiv owledgement of a idual's act and d	ehalf of the vidual or the eed or the
electronic filing, in complia By <u>WILLIAM A PAYNE</u> Signature of Authorized F <u>MANAGER</u> Title	nce with R.I. Gen. La	ws § 7-1.2.	ue, us of the uu	e oj me
This report cannot be ac listed in section 7.	cepted for filing if an	officer has executed	the form and he/s	he is not
Form No. 630 Revised 09/07				