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

**Fee: $50.00**

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

# Foreign Business Corporation Annual Report

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000119527

**2. Name of Corporation** Herbert H. Landy Insurance Agency, Inc.

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

No. and Street: 75 SECOND AVENUE, SUITE 410
City or Town: NEEDHAM State: MA Zip: 02494-2876 Country: USA

**4. Business Phone No.**

781-4497711

**5. State of Incorporation**

State: MA

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

SALE OF PROFESSIONAL LIABILITY INSURANCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | BETSY A MAGNUSON | 75 SECOND AVE<br>NEEDHAM, MA 02494 |
| TREASURER/CLERK | STEPHEN RASKIN MR. | 1501 BEACON ST #1103<br>BROOKLINE, MA 02146 USA |
| PRESIDENT | BETSY ANN MAGNUSON | 33 HAYDEN DRIVE<br>FOXBORO, MA 02035- USA |
| DIRECTOR | HERBERT H LANDY MR. | FOXHILL VILLAGE 10 LONGWOOD DR SUITE 260<br>WESTWOOD, MA 02090 USA |
| DIRECTOR | BETSY ANN MAGNUSON MS. | 33 HAYDEN DRIVE |

| | | |
|---|---|---|
| | | FOXBORO, MA 02035 USA |
| DIRECTOR | LEAH LANDY MRS. | FOXHILL VILLAGE, 10 LONGWOOD DR, SUITE 260<br>WESTOWWD, MA 02090 USA |
| DIRECTOR | ROBERT CATALDO | 30 SOLOMON PIERCE ROAD<br>LEXINGTON, MA 02173 USA |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br>*Number of Shares* | Total Issued and Outstanding<br>*Num of Shares* |
|---|---|---|---|---|
| CNP | | $0.0000 | 12,500.00 | 955 |

**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 2 Day of January, 2014 at 11:51:07 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 BETSY ANN MAGNUSON
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