



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 2014

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. 121635		2. Exact name of the Corporation Keefe Insurance Agency, Inc.			
3. Principal office address 51 West Central Street			City Franklin	State MA	Zip 02038
4. Business Phone No. 508-528-3310			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island To sell and service all forms of insurance.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert F. Keras			Vice-President Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Secretary Name Robert F. Keras			Treasurer Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert F. Keras			Director Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
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
			7,100	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: _____

FILED

JAN 29 2014

BY 3341

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

Date

Robert F. Keras, President

Print or Type Name of Authorized Representative