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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.	2. Exact name of the Corporation
134052	MARSH-KEMP INSURANCE AGENCY INC.

3. Principal office address	City	State	Zip
28 PARK AVENUE	WORCESTER	MASS	01605

4. Business Phone No.	5. State of Incorporation
508-798-8663	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
INSURANCE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
THOMAS S. MCLEAR	17 KNOWLES STREET	AUBURN	MASS	01501

Vice-President Name	Street Address	City	State	Zip
CHRISTINE A. ARSENAULT	15 MURRAY AVENUE	AUBURN	MASS	01501

Secretary Name	Street Address	City	State	Zip
THOMAS S. MCLEAR	17 KNOWLES STREET	AUBURN	MASS	01501

Treasurer Name	Street Address	City	State	Zip
THOMAS S. MCLEAR	17 KNOWLES STREET	AUBURN	MASS	01501

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
THOMAS S. MCLEAR	17 KNOWLES STREET	AUBURN	MASS	01501

Director Name	Street Address	City	State	Zip
CHRISTINE A. ARSENAULT	15 MURRAY AVENUE	AUBURN	MASS	01501

Director Name	Street Address	City	State	Zip
ROBERT A HOEY	12 RICE ROAD	AUBURN	MASS	01501

Director Name	Street Address	City	State	Zip

RECEIVED
2014 MAR 17 AM 10:50
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1500 NPV		

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 17 2014
BY CH220058

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.

Christine A Arsenault 11-8-13
Signature of Authorized Representative Date

CHRISTINE A ARSENAULT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

104535-3-952038

Vice President

Robert A. Hoey
12 Rice Road
Auburn, MA 01501