

## 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

28 PARK AVENUE  29 PARK AVENUE  4. Businsss Phone No. 508-798-8663  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  THOMAS S. MCLEAR  Street Address  17 KNOWLES STREET  AUBURN  State  MASS  O1501  State  THOMAS S. MCLEAR  Street Address  17 KNOWLES STREET  TOW  AUBURN  MASS  O1501  State  THOMAS S. MCLEAR  Street Address  17 KNOWLES STREET  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  THOMAS S. MCLEAR  THOMAS S. MCLEAR  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  Street Address  THOMAS S. MCLEAR  THOMAS	1. Entity ID No. 2. Exact name of the Corporation						
Business Phone No.   5. State of Incorporation   MASS   01605	134052	MARSH-KEMP INSURANCE AGENCY INC.					
Solution	3. Principal office address 28 PARK AVENUE						
INSURANCE	4. Business Phone No. 508-798-8663						
Vice-President Name	'	ter of business	conducted in Rhode Island	i		<del></del>	
THOMAS S. MCLEAR  Street Address  Street Address  THOMAS S. MCLEAR  Street Address THOMAS S. MCLEAR	7. LIST <u>all</u> officers (name	S AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
15 MURRAY AVENUE   State   AUBURN							
AUBURN MASS 01501 AUBURN MASS 01501  Treasurer Name THOMAS S. MCLEAR  Street Address 17 KNOWLES STREET  City AUBURN MASS 01501  State Address 17 KNOWLES STREET  City AUBURN MASS 01501  AUBURN MASS 01501  B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name CHRISTINE A. ARSENAULT  City AUBURN MASS 01501  City A	Street Address 17 KNOWLES STREET						
Street Address Street							
17 KNOWLES STREET							
AUBURN MASS 01501 AUBURN MASS 01501  B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name  CHRISTINE A. ARSENAULT  Street Address 17 KNOWLES STREET  City MASS 01501 AUBURN MASS 01501  Director Name  ROBERT A HOEY  Street Address  Street Address 15 MURRAY AVENUE  Director Name  ROBERT A HOEY  Street Address Street Address 15 MURRAY AVENUE  Director Name  ROBERT A HOEY  Street Address Street Address Street Address City AUBURN MASS 01501  City State AUBURN MASS 01501  DIRECTOR NAME  STREET ADDRESS STREET  To MABS 01501  DIRECTOR NAME  AUBURN MASS 01501  DIRECTOR NAME  STREET ADDRESS STREET NAME STREET NAME  STREET ADDRESS STREET NAME  STREET ADDRESS STREET NAME  STR	Street Address 17 KNOWLES STREET						
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THOMAS S. MCLEAR  CHRISTINE A. ARSENAULT  Street Address 17 KNOWLES STREET  Street Address 15 MURRAY AVENUE  State AUBURN  MASS  O1501  City AUBURN  Firector Name  ROBERT A HOEY  Street Address 12 Rice ROAD  Street Address 13 Rice ROAD  Street Address 14 Rice ROAD  Street Address 15 Street Address 16 Rice ROAD  Street Address 17 Rice ROAD  Street Address 18 Rice ROAD  Street Address 19 Rice ROAD  Street Address 10 Rice ROAD  State Road Rice Road  Street Address 10 Rice ROAD  State Road Rice Road  Street Address 10 Rice ROAD  State Road Rice Road  Street Address 10 Rice Road  Street Address 10 Rice Road  State Road Rice Road  State Road Rice Road  State Road Rice Road Ric	). LIST <u>all</u> directors (nam	ES AND ADDE	RESSES) ("X" BOX FOR	ATTACHMENT)			
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AUBURN  State MASS  O1501  AUBURN  Director Name ROBERT A HOEY  Street Address  12 RICE ROAD  City AUBURN  State MASS  O1501  City State  City AUBURN  State  ID City AUBURN  State AUBURN  State AUBURN  State AUBURN  State AUBURN  O1501  City State City AUBURN  State AUBURN  State AUBURN  State AUBURN  State AUBURN  ID City AUBURN  ID State AUBU	Street Address 17 KNOWLES STREET						
ROBERT A HOEY  Street Address 12 RICE ROAD  State						Zip — 💸 🚓 C	
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.  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and that pall statements contained herein are true and correct.  FILED  State  Zip  City  State  Zip  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  PAR VALUE  PAR VALUE  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statements contained herein are true and correct.  Signature of Authorized Representative  Date				Director Name	· · · · · · · · · · · · · · · · · · ·	<i>U</i> 3	
AUBURN  State  MASS  O1501  City  State  Zip  O1501  O10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  PAR VALUE  O1500 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.  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and flattall statements contained herein are true and correct.  FILED  Signature of Authorized Representative  Date	Street Address 12 RICE ROAD			Street Address 9: 014			
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f State. Changes require an additional filling.  dee Section 9 of Instruction sheet.  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.  Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statement and flat reli statements contained herein are true and correct.  By:  Signature of Authorized Representative  Date				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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Under penalty of perjury, I declare and affirm that I have examin this report, including any accompanying schedules and statements contained herein are true and correct.  Check No  FILED  Signature of Authorized Representative  Date						of a receiver or trustee,	
By: Signature of Authorized Representative Date	File Date			this report, includir	ng any accompanying so	hedules and statements.	
By: Signature of Authorized Representative Date	Check No		FILED C	and implican state in	I will li	11-8-13	
FOR SECRETARY OF STATE USE ONLY MAK 7 7011 C. WOLKTING TO MAKEN EACH	Flori	·	<del></del>	Signature of Authori	zed Representative	Date	
orm No. 630  Print or Type Name of Authorized Representative  BY 202058	e are lue le file patronavia fele		MAD 4 -				

Revised: 01/2012

Vice President

Robert A. Hoey 12 Rice Road Auburn, MA 01501