RI SOS Filing Number: 201437280610 Date: 03/14/2014 4:00 PM

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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		
57663	E.A. Kelley Co., Rhode Island, Inc.		
3. Principal office address: 450 Veterans Memorial Parkway	City: East Providence	State: RI	Zip: 02914
4. Business Phone No.: 401-431-9883	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Insurance agency			

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

President Name: Katherine Kelley			Vice-President Name: Barbara Kelley		
Street Address: 450 Veterans Memorial Parkway			Street Address: 450 Veterans Memorial Parkway		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: David Thomas			Treasurer Name: David Thomas		
Street Address: 450 Veterans Memorial Parkway			Street Address: 450 Veterans Memorial Parkway		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

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

Director Name: None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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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
200	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.

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: 3/14/2014

David Thomas
Print or Type Name of Authorized Representative

File Date
Check No 43954
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 19 2014
BY 222378

Form No. 630
Revised: 01/2012

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