



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. 008922		2. Exact name of the Corporation ROBERT J. GALLAGHER & ASSOCIATES, INC.			
3. Principal office address PO Box 520			City West Bridgewater	State MA	Zip 02379-0520
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Life insurance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. Gallagher, Jr.			Vice-President Name		
Street Address PO Box 520			Street Address		
City West Bridgewater	State MA	Zip 02379-0520	City	State	Zip
Secretary Name Irene A. Gallagher			Treasurer Name Robert J. Gallagher, Jr.		
Street Address PO Box 520			Street Address PO Box 520		
City West Bridgewater	State MA	Zip 02379-0520	City West Bridgewater	State MA	Zip 02379-0520
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert J. Gallagher, Jr.			Director Name		
Street Address PO Box 520			Street Address		
City West Bridgewater	State MA	Zip 02379-0520	City	State	Zip
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
			100	Common	No par value

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

APR 21 2014

BY 12191213

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.

Robert J. Gallagher 3/29/14
 Signature of Authorized Representative Date

Robert J. Gallagher, Jr.

Print or Type Name of Authorized Representative