



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. 120751 | | 2. Exact name of the Corporation Nathan Sallop Insurance Agency, INC | | | |
| 3. Principal office address 25 New Chardon Street, 6th Floor | | | City Boston | State MA | Zip 02114 |
| 4. Business Phone No. 617-488-6600 | | | 5. State of Incorporation MA | | |
| 6. Brief description of the character of business conducted in Rhode Island Insurance | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Linda Jane Sallop | | | Vice-President Name Gina Matarazzo | | |
| Street Address 25 New Chardon Street, 6th Floor | | | Street Address 25 New Chardon Stree, 6th Floor | | |
| City Boston | State MA | Zip 02114 | City Boston | State MA | Zip 02114 |
| Secretary Name Linda Lobao | | | Treasurer Name Joseph Nicholas Russo | | |
| Street Address 25 New Chardon Street, 6th Floor | | | Street Address 25 New Chardon Stree, 6th Floor | | |
| City Boston | State MA | Zip 02114 | City Boston | State MA | Zip 02114 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Linda Jane Sallop | | | Director Name Mitchel Ira Weisman | | |
| Street Address 25 New Chardon Street, 6th Floor | | | Street Address 25 New Chardon Stree, 6th Floor | | |
| City Boston | State MA | Zip 02114 | City Boston | State MA | Zip 02114 |
| 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 |
| | | | 100,000 | A | \$0 |
| | | | | | |

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

JUN 12 2014

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

6/3/14

Joseph Russo

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY BY **25783**