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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 2015

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
35580	SOUTH COUNTY REAL ESTATE TITLE INSURANCE COMPANY

3. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD	WAKEFIELD	RI	02879

4. Business Phone No.	5. State of Incorporation
789-0276	RHODE ISLAND

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

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

President Name	Street Address	City	State	Zip
STEPHEN B. KENYON	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
JOHN F. KENYON	223 ORCHARD WOODS DRIVE	SAUNDERSTOWN	RI	02874

Secretary Name	Street Address	City	State	Zip
LAURA K. KENYON	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

Treasurer Name	Street Address	City	State	Zip
ARCHIBALD B. KENYON, JR.	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

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

Director Name	Street Address	City	State	Zip
STEPHEN B. KENYON	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
JOHN F. KENYON	223 ORCHARD WOODS DRIVE	SAUNDERSTOWN	RI	02874

Director Name	Street Address	City	State	Zip
LAURA K. KENYON	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
ARCHIBALD B. KENYON, JR.	18 SOUTHWINDS DRIVE	WAKEFIELD	RI	02879

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
1000	COMMON	$200.00

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
DEC 18 2014
30858

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 12/16/14

STEPHEN B. KENYON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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