RI SOS Filing Number: 201554312010 Date: 01/29/2015 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
160728	Dacey Insurance Agency, Inc.			
3. Street Address Principal Business Office		City	State	Zip
631 Main Street		E. Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			
401-398-8020	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Insurance agency.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Michael T. Dacey	631 Main Street	E. Greenwich	RI	02818

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Michael T. Dacey	631 Main Street	E. Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Michael T. Dacey	631 Main Street	E. Greenwich	RI	02818

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8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Michael T. Dacey	631 Main Street	E. Greenwich	RI	02818

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	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.

FILED

JAN 29 2015

[redacted]

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.

File Date _____ BY CM241177

Check No. 48335

By: _____

Signature _____ *Date* 1/29/15

Michael T. Dacey
Print or Type Name

[redacted]

President
Title

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116633-2-982469

Form 630 Rev. 08/08