



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000131931

**2. Name of Corporation** SULLIVAN INSURANCE GROUP, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1 MERCANTILE STREET

City or Town: WORCESTER

State: MA

Zip: 01608

Country: USA

**4. Business Phone No.**

5087912241

**5. State of Incorporation**

State: MA

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

TO ACT EXCLUSIVELY AS AN INSURANCE AGENT, BROKER

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER W SULLIVAN	38 WILSON ROAD PRINCETON, MA 01541 USA
SECRETARY	WILLIAM C SULLIVAN	74 MONADNOCK ROAD WORCESTER, MA 01609 USA
CFO	GARY LEGER	66 LYNNHAVEN RD LEOMINSTER, MA 01453 USA
PRESIDENT	JOHN T ANDREOLI	674 SOUTH STREET SHREWSBURY, MA 01545- USA
DIRECTOR	JOHN T ABDREOLI	674 SOUTH ST

		SHREWSBURY, MA 01545 USA
DIRECTOR	WILLIAM C SULLIVAN	74 MONADNOCK ROAD WORCESTER, MA 01609 USA
DIRECTOR	PETER W SULLIVAN	38 WILSON ROAD PRINCETON, MA 01541 USA
DIRECTOR	BERNARD K QUINLAN	9 HAZELTON AVENUE NEEDHAM, MA 02494 USA
DIRECTOR	FRANCIS P SHEA	9 WOODSTONE ROAD NORTHBORO, MA 01532 USA
DIRECTOR	ARTHUR J ANDREOLI	109 MORNINGSIDE ROAD WORCESTER, MA 01602 USA
DIRECTOR	GORDON C LOCKBAUM	35 BROOKSHIRE ROAD WORCESTER, MA 01609 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	7,500.00	300

**9. 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.**

**Signed this 10 Day of February, 2016 at 3:38:36 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GARY LEGER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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