



**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 2016**

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.<br><b>008922</b>  |                    | 2. Exact name of the Corporation<br><b>ROBERT J. GALLAGHER &amp; ASSOCIATES, INC.</b> |  |                    |                          |
| 3. Principal office address<br><b>PO Box 520</b>   |                    |   | City<br><b>West Bridgewater</b>  | State<br><b>MA</b> | Zip<br><b>02379-0520</b> |
| 4. Business Phone No.<br><b>508 697 6444</b>   |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                          |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Life insurance</b>   |                    |   |  |                    |                          |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                          |
| President Name<br><b>Robert J. Gallagher, Jr.</b>  |                    |   | Vice-President Name  |                    |                          |
| Street Address<br><b>PO Box 520</b>  |                    |   | Street Address   |                    |                          |
| City<br><b>West Bridgewater</b>  | State<br><b>MA</b> | Zip<br><b>02379-0520</b>  | City   | State              | Zip                      |
| Secretary Name<br><b>Irene A. Gallagher</b>  |                    |   | Treasurer Name<br><b>Robert J. Gallagher, Jr.</b>                          |                    |                          |
| Street Address<br><b>PO Box 520</b>  |                    |   | Street Address<br><b>PO Box 520</b>  |                    |                          |
| City<br><b>West Bridgewater</b>  | State<br><b>MA</b> | Zip<br><b>02379-0520</b>  | City<br><b>West Bridgewater</b>  | State<br><b>MA</b> | Zip<br><b>02379-0520</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                          |
| Director Name<br><b>Robert J. Gallagher, Jr.</b>   |                    |   | Director Name  |                    |                          |
| Street Address<br><b>PO Box 520</b>  |                    |   | Street Address   |                    |                          |
| City<br><b>West Bridgewater</b>  | State<br><b>MA</b> | Zip<br><b>02379-0520</b>  | City   | State              | Zip                      |
| Director Name  |                    |   | Director Name  |                    |                          |
| Street Address   |                    |   | Street Address   |                    |                          |
| City   | State              | Zip   | City   | State              | Zip                      |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                          |
| 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: \_\_\_\_\_

**FILED**

FEB 23 2015

BY 1542 DS

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

**Robert J. Gallagher, Jr.**

Print or Type Name of Authorized Representative