



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. 134052		2. Exact name of the Corporation Marsh-Kemp Insurance Agency Inc			
3. Principal office address 28 Park Avenue		City Worcester	State MA	Zip 01605	
4. Business Phone No. 508-778-8063		5. State of Incorporation Massachusetts			
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 Thomas S. McLean			Vice-President Name Christie A. Ansenault		
Street Address 11 Bayberry Lane			Street Address 15 Murray Ave		
City Millbury	State MA	Zip 01527	City Auburn	State MA	Zip 01501
Secretary Name Thomas S. McLean			Treasurer Name Thomas S. McLean		
Street Address 11 Bayberry Lane			Street Address 11 Bayberry Lane		
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas S. McLean			Director Name Christie A. Ansenault		
Street Address 11 Bayberry Lane			Street Address 15 Murray Ave		
City Millbury	State MA	Zip 01527	City Auburn	State MA	Zip 01501
Director Name Robert A. Hoey			Director Name		
Street Address 12 Rice Road			Street Address		
City Auburn	State MA	Zip 01501	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
			1500 NCV		

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

MAR 31 2016

By **271518**

KM

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.

Colleen Fernandes 3/30/16
Signature of Authorized Representative Date
Colleen Fernandes
Print or Type Name of Authorized Representative