



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 123746		2. Exact name of the Corporation O'DONOGHUE INSURANCE AGENCY INC.			
3. Principal office address 90 SUMMER STREET		City ARLINGTON	State MASS	Zip 02474	
4. Business Phone No. 781-646-9300		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOHN W. O'DONOGHUE JR.			Vice-President Name STEPHEN C. O'DONOGHUE		
Street Address 410 BORDER ROAD			Street Address 88 BRANCH STREET		
City CONCORD	State MASS	Zip 01742	City SCITUATE	State MASS	Zip 02066
Secretary Name ARLENE BELLIVEAU			Treasurer Name KEVIN J O'DONOGHUE		
Street Address 473 HATHERLEY ROAD			Street Address 139 EDWARD FOSTER ROAD		
City SCITUATE	State MASS	Zip 02066	City SCITUATE	State MASS	Zip 02066
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			7,500 NPV		

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

MAR 31 2016

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

FOR SECRETARY OF STATE USE ONLY

By 271518 Kevin J. O'Donoghue

Print or Type Name of Authorized Representative

KM

4/9/15

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
MAR 31 PM 1:12