

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

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: 2017

1. Corporate ID No. 000124405

- 2. Name of Corporation <u>TARPEY INSURANCE GROUP, INC.</u>
- 3. Street Address Principal Business Office:

No. and Street: 442 WATER STREET

City or Town: WAKEFIELD State: MA Zip: 01880 Country: USA

4. Business Phone No.

7812462677

5. State of Incorporation

State: MA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

Fee: \$50.00

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

SELLING INSURANCE AS AN INSURANCE BROKER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address | |
|-----------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| SECRETARY | STEPHEN E TARPEY | 386 SWAINS POND AVE MELROSE, MA 02176 USA | |
| CEO | JAMES J TARPEY | 20 GUMWOOD LANE WAKEFIELD, MA 01880 USA | |

| PRESIDENT | ELIZABETH T KENT | 3 HERRICK ROAD LYNNFIELD, MA 01940- USA |
|----------------|------------------|--|
| VICE PRESIDENT | JAMES B TARPEY | 60 BAYSTATE AVE TEWKSBURY, MA 01867 USA |
| VICE PRESIDENT | MARK W TARPEY | 44 ANDREWS RD WAKEFIELD, MA 01880 USA |
| VICE PRESIDENT | MICHAEL P TARPEY | 21 LEAH ST MELROSE, MA 02176 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 7,500.00 | 5000 |

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 28 Day of February, 2017 at 11:27:33 AM. 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 ELIZABETH KENT

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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