



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 8922		2. Exact name of the Corporation Robert J. Gallagher & Associates, Inc.			
3. Principal Office Address 655 North Street			City Bridgewater	State MA	Zip 02324
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Life insurance			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Gallagher, Jr.			Vice-President Name		
Street Address 655 North Street			Street Address		
City Bridgewater	State MA	Zip 02324	City	State	Zip
Secretary Name Irene A. Gallagher			Treasurer Name Robert J. Gallagher, Jr.		
Street Address 655 North Street			Street Address 655 North Street		
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Gallagher, JR.			Director Name		
Street Address 655 North Street			Street Address		
City Bridgewater	State MA	Zip 02324	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
11. 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. 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.					
Name of Authorized Representative Robert J. Gallagher, JR.				Date 2/28/17	
Signature of Authorized Representative <i>Robert J Gallagher Jr</i>				<i>2/28/17</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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