



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>103203</b>		2. Name of Corporation <b>Pryor Insurance Agency, Inc.</b>			
3. Street Address Principal Business Office <b>151 Douglas Pike, Unit 3</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401-233-0800</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5702</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PROVIDING ALL TYPES OF INSURANCE PRODUCTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kerri A. Lawton</b>			Vice President Name <b>NONE</b>		
Street Address <b>2 CAROLANN AVE</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Kerri A. Lawton</b>			Director Name		
Street Address <b>2 CAROLANN AVE</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 \$1.00 PAR VALUE</b>	<b>Common stock</b>		<b>100.00</b>	<b>Common stock</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<b>1/6/05</b>
Check No.	<b>2369</b>
By:	<b>W.</b>
FOR SECRETARY OF STATE USE ONLY	

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.

<b>Kerri A. Lawton</b>	<b>1/5/05</b>
Signature of Officer	Date
<b>Kerri A. Lawton</b>	
Print or Type Name of Officer	
<b>President</b>	
Title of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103203		2. Name of Corporation Pryor Insurance Agency, Inc.			
3. Street Address Principal Business Office 151 Douglas Pike		City Smithfield	State RI	Zip 02917	
4. Business Phone No. 401-233-0800		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING ALL TYPES OF INSURANCE PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kerri A. Lawton			Vice President Name NONE		
Street Address 2 CAROL ANN AVE			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kerri A. Lawton			Director Name		
Street Address 2 CAROL ANN AVE			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE	Common stock		100.00	Common stock	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 2 0 3 \*

File Date	12/30/03
Check No.	2293
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Kerri A. Lawton 12/29/03  
Signature of Officer Date

Kerri A. Lawton  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

103203

2. Name of Corporation

Pryor Insurance Agency, Inc.

3. Street Address Principal Business Office

5 Chestnut Hills Ct.

City

Greenville

State

RI

Zip

02828

4. Business Phone No.

401-233-0800

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5702

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

Insurance sales for all types of insurance products.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Kerri A. Lawton

Vice President Name

NONE

Street Address

2 CAROLAN AVE

Street Address

City

Smithfield

State

RI

Zip

02917

City

State

Zip

Secretary Name

NONE

Treasurer Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Kerri A. Lawton

Director Name

Street Address

2 CAROLAN AVE

Street Address

City

Smithfield

State

RI

Zip

02917

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100.00

Common stock

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 2 0 3 \*

File Date:

1-17-03

Check No.:

5050

By:

UP

FOR SECRETARY OF STATE USE ONLY

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.

Kerri A. Lawton  
Signature of Officer

1/13/03  
Date

Kerri A. Lawton  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *103203*		2. Name of Corporation Pryor Insurance Agency, Inc.			
3. Street Address Principal Business Office 5 CHESTNUT HILLS		City GREENVILLE	State RI	Zip 02828	
4. Business Phone No. 4012329338		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING ALL TYPES OF INSURANCE PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KERRI ANN LAWTON		Vice President Name NONE			
Street Address 2 CAROLANN AVE		Street Address			
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name NONE		Treasurer Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LAWTON, KERRI ANN		Director Name			
Street Address 2 CAROLANN AVE		Street Address			
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE COMMON STOCK		100.0	common stock	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 2 0 3 \*

\*103203 DBC7/29/0211:45:30 AM\*

File Date

8-5-02

Check No.

2137

By:

*Kerri A. Lawton*

FOR SECRETARY OF STATE USE ONLY

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.

*Kerri A. Lawton*  
Signature of Officer

8/2/02  
Date

KERRI A. LAWTON

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103203		2. Name of Corporation Pryor Insurance Agency, Inc.			
3. Street Address Principal Business Office 5 Chestnut Hills			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-232-9338		5. State of Incorporation Rhode Island			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island Sale of Insurance Products					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lawton, Kerri Ann			Vice President Name		
Street Address 5 Chestnut Hills			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Lawton, Kerri Ann			Treasurer Name Lawton, Kerri Ann		
Street Address 5 Chestnut Hills			Street Address 5 Chestnut Hills		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lawton, Kerri Ann			Director Name		
Street Address 5 Chestnut Hills			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common Stock	\$ 1.00	100.0	Common Stock	\$ 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

SEP 25 2001

File Date: 10/17/01  
By: DA#55  
Check No.: 270622  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Kerri Ann Lawton  
Signature of Officer  
9/17/01  
Date

Kerri Ann Lawton  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000

**Filing Period: January 1–March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103203 2. Name of Corporation **Pryor Insurance Agency, Inc.**  
3. Street Address Principal Business Office 5 Chestnut Hills City Greenville State RI Zip 02828  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation Rhode Island 6. SIC Code 5702  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Sale of insurance products

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Lawton, Kerri Ann</u>	Vice President Name _____
Street Address <u>5 Chestnut Hills</u>	Street Address _____
City <u>Greenville</u> State <u>RI</u> Zip <u>02828</u>	City _____ State _____ Zip _____
Secretary Name <u>Lawton, Kerri Ann</u>	Treasurer Name <u>Lawton, Kerri Ann</u>
Street Address <u>5 Chestnut Hills</u>	Street Address <u>5 Chestnut Hills</u>
City <u>Greenville</u> State <u>RI</u> Zip <u>02828</u>	City <u>Greenville</u> State <u>RI</u> Zip <u>02828</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>Lawton, Kerri Ann</u>	Director Name _____
Street Address <u>5 Chestnut Hills</u>	Street Address _____
City <u>Greenville</u> State <u>RI</u> Zip <u>02828</u>	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>8,000.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3-31-00

Check No.: 1326

By: SA

FOR SECRETARY OF STATE USE ONLY

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.

Kerri A. Lawton 3/29/00  
Signature of Officer Date

Kerri A. Lawton  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103203 2. Name of Corporation Pryor Insurance Agency, Inc.  
3. Street Address Principal Business Office 5 Chestnut Hills City Greenville State RI Zip 02828  
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code 5702

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

Sale of insurance products

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name	Vice President Name
Robert Pryor	
Street Address	Street Address
5 Chestnut Hills	
City State Zip	City State Zip
Greenville RI 02828	
Secretary Name	Treasurer Name
Robert Pryor	Robert Pryor
Street Address	Street Address
5 Chestnut Hills	5 Chestnut Hills
City State Zip	City State Zip
Greenville RI 02828	Greenville RI 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name	Director Name
Robert Pryor	
Street Address	Street Address
5 Chestnut Hills	
City State Zip	City State Zip
Greenville RI 02828	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: Mar 2, 99  
Check No.: 1026  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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 Officer [Signature] Date 3-2-99  
Print or Type Name of Officer ROBERT J. PRYOR  
Title of Officer PRESIDENT