

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

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 2. Name of Corporation 103203 Pryor Insurance Agency, Inc. Street Address Principal Business Office State 151 Douglas CT 1. Business Phone No. 5. State of Incorporation 6. SIC Code 401-333-08c0 RHODE ISLAND 5702 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) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name LOWE Street Address Street Address Zip Zip wont MONSE Street Address Street Address State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Kerr Street Address City State Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$1.00 PAR VALUE 100.00 common stack \$1.00 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer

> Kerri A. La Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03



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. 2. Name of Corporation 103203 Pryor Insurance Agency, Inc. 3. Street Address Principal Business Office 151 Douglas م المسكنواء RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-233-0800 RHODE ISLAND 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) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kerri MONE Street Address Street Address Zip 02917 Treasurer Name سورو MONE Street Address Street Address Zip City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Kerr Street Address City Director Name Director Name Street Address Street Address City State City Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

100.00

	* 1 0 3 2 0 3 *
File Date _ \ \2	
Check No?	293
Ву:	
FOR SECR	ETARY OF STATE USE ONLY

Class/Series

Par Value

common stock

AUTHORIZED SHARES

8,000 \$1.00 PAR VALUE

Number of Shares

Under penalty of per	rjury, I d	leclare and affirm that I have ex-	amined	this report,
including any accon	ιpanying	g schedules and statements, and	that all	statements
contained herein are	true an	d correct.		
17	٨	t.		

Kerrica danton	12/29/03
Signature of Officer	Date
1/000 0 10 10	

Kerri A. Lawtow Print or Type Name of Officer

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

Class/Series

Common stock

President Title of Officer

Par Value

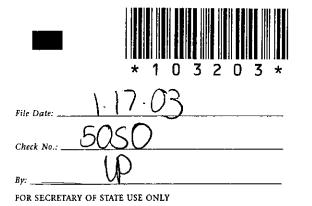
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

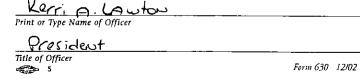
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED OR PRI 1. Corporate ID No.	2. Name of Corpor	ation			
103203	•	ance Agency, Inc.			
3. Street Address Principal Busine		ance Agency, me.	City	State_	Zip
5 chestrut 1+			(-regurille	RI	್-೦೨೯೨೪
4. Business Phone No.		5. State of Incorporation	•		6. SIC Code
401-233-0800		RHODE ISLA	חוא		5702
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			3102
INSUMANCE	: smles for	All types of	Insurance products.		
8. NAMES AND ADDRE	ESSES OF THE OFF	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Kerri A. Laut	Ora		MONE		
Street Address	_		Street Address		
9 chulann i					
Smiths eld	State	^{Zip} 02917	City	State	Zip
Secretary Name			Treasurer Name		
MOUE			MONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING AT	CACHMENTS
Director Name	1		Director Name		
Ilerri A. LA	انهاصاب				
treet Address			Street Address		
J CAMIANN City	AVE				
Smithfield	State	^{Zip} つ _み 917	City	State	Zip
Director Name	PL	0,411	Director Name		
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
,,,,	J.L.C	2.9	<i>3</i> ₇	orace.	Σιγ
O. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMEN	(T)
JUTHORIZED SHARES			ISSUED SHARES		
Jumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			100.00	Common 3	tack \$1.00
					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 benefit shottes, and correct. Signature of Officer 3/03 Print or Type Name of Officer





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 B		terilitäteteilikkonnan sakkilannan on a PMA-14 (h. M. P. S. MAT) (h. sko Phonon on online sannake (h.	contribite for the secretary and a secretary		
1. Corporate ID No. *103203*	2. Name of Corporation Pryor Insurance			1991-1917 and the difficulty of common more discovery constraints and constraints of the common teaching and the layers and	er i Markita i Barras della villa vi
3. Street Address Principal Busin 5 CHESTNUT HILLS	ness Office	терина на принципання в на принципання на принципання на принципання в на принципання на принципання на принци На принципання на пр	City GREENVILLE	State RI	Zip 02828
4. Business Phone No. 4012329338	M 1/1/M (A.I.I. MA) had Arkabahari abaa aa aanka aana aa gaga ay yygen yy	5. State of Incorporation RHODE ISLAND	. В применения в	. Address Annicologica de La Maria (Maria (M	6. SIC Code 5702
7. Brief Description of the Chard PROVIDING ALL TYPES	octer of Business Conduc OF INSURANCE P	ited in Rhode Island RODUCTS.		M (M, C) (M MATE), in the common section (i.e., in the contraction of	i alimanian mananan man
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR ATT.	4CHMENTO∏ RILLE IN SP	ACES BEFORE USING ATTA	THMENTS
President Name KERRI ANN LAWTO			Vice President Name NONE		
Street Address 2 CAROLANN AVE		ССРА МАНСКУ го повы выполня по почина по почина по почина по почина по почина по почина почина почина почина п Почина почина	Street Address	ermanent for menentenannon open i mortoni grant i dir mij Maj Vori gad Maj Kristi (Maj Kristi Maj Voli Major ermanena	то от от от от дух дет се 15 в 1949 г. А <mark>М</mark> Воловов Вого на населения по от
^{Cit} SMITHFIELD	State RI	^{Zip} 02917	City	State	Zip
Secretary Name NONE	****	\$	Tréasurer Name NONE	« • • ³ « • • » « • • » « •	
Street Address		"NII". MANY ISANYA MANYAMINANA MANYAMINANA MANYAMINANA MANYAMINANA MANYAMINANA MANYAMINANA MANYAMINANA MANYAMI	* Street Address	M. A. de Malindia (1. a. de de comunicación de manero como consequence y en en y y y como y 2, de debeno	t ann ann an ann ann ann ann ann ann ann
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN S	SPACES BEFORE USING ATT	ACHMENTS
Director Name LAWION, KERRI AN	IN		Director Name		
Street Address 2 CAROLANN AVE		Commence and the state of the s	Street Address		The state of the s
City SMITHFIELD	State - RI	Zip 02917	en regione 4.5 the to the thing the desired desired constant and a second constant and a second constant and a * City *	State	Zip
Director Name	*** * * * * * * * * * * * * * * * * *	afor no en en en en en	Dîrector Name	66+ ³ 0 + 2 + 4 + 4 + 4 + 4 + 4	
Street Address	PP 1000 BRIDDY Mail 1974 L. mail R. Addin II. 24 Addin BRIDDA (nombre communication	n commence commence commence commence and commence in the state of the	Street Address		errorretteri erget i tradigitak V. Sitt M. Maskarskih sunnakus sun sakrassannan annannan erget.
City	State	Zip	_City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT) 🔲 😁 🦠	11, SHARES ISSUED ("X'	"BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE	COMMON ST	OCK	100.0	common stock	\$1.00
		(#100m) - 1000 от принципания общення на принципания на принципания на принципания до город	-		Ψ1.00
This report must be s igne a	I in ink by either th	ne President, Vice Pres	sident, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
-	-		•	,	
* 1 D 3	1			ury, I declare and affirm that l	
103203 DBC7/29/0211	·45·30 AM	7		any accompanying schedules s contained herein are true and	
File Date 5	-02		U		- \
	2137	İ	Signature of Officer	Date	27
Check No.	2		KERRI A. LA		
В <u>у:</u>			PRESIDENT	zyrcer	
FOR SECRETARY OF STATE U	JSE ONLY		Title of Officer		Form 630 12/01

FOR SECRETARY OF STATE USE ONLY

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

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PLEASE R INSTRUCT	EAD IONS

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corporatio	ıı .			
103203	Prvor	Insurance Age	ancy Inc		
3. Street Address Principal Busine.	ss Office	Evidue alloca my	Eilly # 110	State	Zip
5 Chestnut Hi	115		Greenville	RT	02828
4. Business Phone No.	*	5. State of Incorporation			6. SIC Code
401-232-9338		Rhode Is	sland		5702
7. Brief Description of the Charact	er of Business Conducted in 1	thode Island	Juna		7/04
Sale of Insur	ance Product:	9			
			CHMENT) DFILL IN SPACES B	REFORE USING ATTAC	CHMENTS
President Name	SSES OF THE OTTIC	LKS (A DOX TOR ATTA	Vice President Name	EFORE CSING AFFA	STINIE IVIE
	7				
Lawton, Kerri	Ann		Street Address		
			Street Matters		
5 Chestnut Hi		Ta:		Ta.	
City	State	Zip	City	State	Zip
Greenville	RI	02828		<u></u>	
Secretary Name			Treasurer Name		
Lawton, Kerri	Ann		Lawton, Ke	rri Ann	
Street Address		•	Street Address		
5 Chestnut Hi	116		5 Chestnut	Hille	
City	State	Zip	City	State	Zip
Greenville	RI	02828	Greenville	RI	02828
9. NAMES AND ADDRE	SSES OF THE DIREC		TACHMENT) DFILL IN SPACES		
Director Name		2010 (11 2011 1011	Director Name		
Touton Vone	A sa m				
Lawton, Kerri Street Address	Ann		Street Address		
5 Chestnut Hi	116				
City	State	Zip	City	State	Zip
Greenville	RI	02828	(01)	State	Z1p
4		02020	D: 4 N		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				 	<u> </u>
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTACI	IMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMENT) ロ
AUTHORIZED SHARES			ISSUED SITARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
					:
8,000	Common Sto	ock \$ 1.00	100.0	Common St	ock \$ 1.00
his report must be sign	ed in ink by either	the President, Vice	President, Secretary, Assist	ant Secretary, Treasu	irer, Receiver or Trustee
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			•		
	ED				
— FIL	ヒレ			ury, I declare and affirm	
A A	~ 0004				edules and statements, and
SEP 2	5 ZUUT		that all statements cor	ntained herein are true	and correct.
File Date:		<u> </u>	1) ~	JO 1	
By N	1#55 ""		Signature of Officer	dant	9/17/01
A ====		i	dignature of Officer		Duit

Kerri Ann Lawton

President



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

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103203	2. Name	of Corporati	ryor Ir	surance.	Agency, Inc.				— /
3. Street Address Principal I 5 Chestnut Hil	Business Office				^{City} Greenville	State	RI	^{Zip} 0282	:8
4. Business Phone No.			5. St.	ate of Incorporatio Rhode I				6. SIC Code 570	2
7. Brief Description of the C Sale of insurance		Conducted in	Rhode Islan	nd					
8. NAMES AND AD President Name Lawton, Kerri A		HE OFFIC	CERS ("X	" BOX FOR ATTA	ACHMENT) FILL IN SPACES BI Vice President Name	EFORE USIN	IG ATTAC	HMENTS	
Street Address 5 Chestnut Hills	3				Street Address				
Greenville	State	RI	Zip	02828	City	State		Zip	
Secretary Name Lawton, Kerri A	.nn				Treasurer Name Lawton, Kerri Ann				
Street Address 5 Chestnut Hills	8				Street Address 5 Chestnut Hills				
Greenville	State	RI	Zip	02828	Greenville	State	RI	^{Zip} 02828	
9. NAMES AND ADI Director Name Lawton, Kerri A		IE DIREC	CTORS ("X" BOX FOR AT	TTACHMENT) FILL IN SPACES Director Name	BEFORE US	ING ATTA	CHMENTS	
Street Address 5 Chestnut Hills					Street Address				
Greenville	State	R!	Zip	02828	City	State		Zip	
Director Name					Director Name				
Street Address					Street Address				
City	State		Zip		City	State		Zip	
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX	FOR ATTAC	CHMENT)		11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATT	TACHMENT)		
Number of Shares	Class/Seri	es	Par Va	lue	Number of Shares	Class/Serie Comm	s on	Par Value	
8,000.00	Stock		\$1.0	0	100.00	Stock		\$1.00	
his report must be	signed in ink	by eithe	r the Pre	esident, Vice	President, Secretary, Assista	nt Secretar	y, Treasu	rer, Receiver or Tr	rustee

Under penalty of perjury, I declare and affirm that I have examined

	this report, including any accompanying schedules and statements, and that an statements contained herein are true and correct.
ile Date: 3-31-00	Keira Lauton 3/29/00
heck No.: 1326	Signature of Officer Date
y:	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	President Title of Officer

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

STOP
PLEASL READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corpo	pration			<u> </u>
103203	Pryor	Insurance Age	ency, Inc.		
3. Street Address Principal Busines		-	City	State	Zip
5 Chestnut Hi	ills		Greenville	RI	02828
4. Business Phone No.		5. State of Incorporati	ion		6. SIC Code
		RHODE IS	SLAND		5702
7. Brief Description of the Charact	ter of Business Conducte	d in Rhode Island			
Sale of insur	ance produ	ıcts			
8. NAMES AND ADDRE President Name	SSES OF THE OF	FICERS ("X" BOX FOR ATT	TACHMENT) Vice President Name		
Robert Pryor					
Street Address			Street Address		
5 Chestnut Hi	lls				
City	State	Zip	City	State	Zip
Greenville	RI	02828			
Secretary Name			Treasurer Name		
Robert Pryor			Robert Pryor		
Street Address			Street Address		
5 Chestnut Hi	lls		5 Chestnut Hi	lls	
City	State	Zip	City	State	Zip
Greenville	RI	02828	Greenville	RI	02828
9. NAMES AND ADDRE Director Name	SSES OF THE DI	RECTORS ("X" BOX FOR A	ATTACHMENT) Director Name		
Robert Pryor					
Street Address			Street Address		
5 Chestnut Hi	lls				
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 AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	(" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			•		

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

100

	111 h 20
File Date:	Mar 2,99
Check No.:	1026
Ву:	D ma
,	F STATE USE ONLY

8,000 \$1.00 PAR VALUE

Common

\$1.00