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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103203

2. Name of Corporation

2. Name of Corporation Pryor Insurance Agency, Inc.

3. Street Address Principal Business Office

City

State

Zip

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

8. NAMES AND ADD! President Name	RESSES OF THE C	OFFICERS ("X" BOX FO	OR ATTACHMENT) FILL IN SPAC Vice President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDR	RESSES OF THE D	IRECTORS ("X" BOX	FOR ATTACHMENT) FILL IN SP. Director Name	ACES BEFORE USING A	TTACHMENTS	
Street Address			Street Address		·	
City	State	Zip	City	State	Zip	
Director Name			Director Name			

F RHODE ISLAND AND PROVIDENCE PLANTATIONS e Secretary of State

Langevin, Secretary of State



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FOR SECRETARY OF STATE USE ONLY

Title of Officer

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