| State of Rhode Island and Providence Plantations Fee: \$50.<br>Office of the Secretary of State |                                                                                                    |                                 |                     |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|---------------------|--|--|--|--|--|
| HOPE                                                                                            | Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040 |                                 |                     |  |  |  |  |  |
| Foreign Business Corpora                                                                        | tion                                                                                               |                                 |                     |  |  |  |  |  |
| Annual Report                                                                                   |                                                                                                    |                                 |                     |  |  |  |  |  |
| Filing Period: January 1 - March 1                                                              |                                                                                                    |                                 |                     |  |  |  |  |  |
|                                                                                                 |                                                                                                    |                                 |                     |  |  |  |  |  |
| In accordance with R.I.G.L. 7-1.2-<br>annual report within thirty (30) day                      |                                                                                                    | <b>°</b>                        |                     |  |  |  |  |  |
| (c&d)) is subject to a penalty fee of                                                           |                                                                                                    | aw (N.I.G.L. 7-1.2-1301         |                     |  |  |  |  |  |
|                                                                                                 |                                                                                                    |                                 |                     |  |  |  |  |  |
| ANNUAL REPORT YEAR: 2018                                                                        | -                                                                                                  |                                 |                     |  |  |  |  |  |
| 1. Corporate ID No. 000131931                                                                   |                                                                                                    |                                 |                     |  |  |  |  |  |
| 2. Name of Corporation SULLIVAN INSURANCE GROUP, INC.                                           |                                                                                                    |                                 |                     |  |  |  |  |  |
| 3. Street Address Principal Bus                                                                 | siness Office:                                                                                     |                                 |                     |  |  |  |  |  |
| No. and Street: 1 MERCAN                                                                        | <b>VTILE STREET</b>                                                                                |                                 |                     |  |  |  |  |  |
| City or Town: WORCEST                                                                           |                                                                                                    | : <u>MA</u> Zip: <u>01608</u> ( | Country: <u>USA</u> |  |  |  |  |  |
|                                                                                                 |                                                                                                    |                                 |                     |  |  |  |  |  |
| 4. Business Phone No.                                                                           |                                                                                                    |                                 |                     |  |  |  |  |  |
| <u>5087912241</u>                                                                               |                                                                                                    |                                 |                     |  |  |  |  |  |
| 5. State of Incorporation                                                                       |                                                                                                    |                                 |                     |  |  |  |  |  |
| State: <u>MA</u>                                                                                |                                                                                                    |                                 |                     |  |  |  |  |  |
|                                                                                                 | ARTICLE III                                                                                        |                                 |                     |  |  |  |  |  |
| Enter the six digit NAICS Code the the list of codes here. More inform                          |                                                                                                    | -                               | entity. Download    |  |  |  |  |  |
| <u>524210</u>                                                                                   |                                                                                                    |                                 |                     |  |  |  |  |  |
| 6. Brief Description of the Cha                                                                 | racter of Business Conducte                                                                        | d in Rhode Island               |                     |  |  |  |  |  |
|                                                                                                 |                                                                                                    |                                 |                     |  |  |  |  |  |
| TO ACT EXCLUSIVELY AS                                                                           | AN INSURANCE AGENT                                                                                 | , BROKER                        |                     |  |  |  |  |  |
| 7. Names and Addresses of the                                                                   | 7. Names and Addresses of the Officers and Directors:                                              |                                 |                     |  |  |  |  |  |
| All officers and directors mu                                                                   | All officers and directors must be listed.                                                         |                                 |                     |  |  |  |  |  |
| Title                                                                                           | Individual Name                                                                                    | Address                         |                     |  |  |  |  |  |
| litte                                                                                           | First, Middle, Last, Suffix                                                                        | Address, City or Town, State,   |                     |  |  |  |  |  |
| TREASURER                                                                                       | PETER W SULLIVAN                                                                                   |                                 |                     |  |  |  |  |  |
| INE/OOKER                                                                                       |                                                                                                    | 38 WILSON<br>PRINCETON MA 01    | -                   |  |  |  |  |  |

WILLIAM C SULLIVAN

74 MONADNOCK ROAD

SECRETARY

|           |                    | WORCESTER, MA 01609 USA                         |  |
|-----------|--------------------|-------------------------------------------------|--|
| CFO       | GARY LEGER         | 66 LYNNHAVEN RD<br>LEOMINSTER, MA 01453 USA     |  |
| PRESIDENT | JOHN T ANDREOLI    | 674 SOUTH STREET<br>SHREWSBURY, MA 01545- USA   |  |
| DIRECTOR  | JOHN T ABDREOLI    | 674 SOUTH ST<br>SHREWSBURY, MA 01545 USA        |  |
| DIRECTOR  | WILLIAM C SULLIVAN | 74 MONADNOCK ROAD<br>WORCESTER, MA 01609 USA    |  |
| DIRECTOR  | PETER W SULLIVAN   | 38 WILSON ROAD<br>PRINCETON, MA 01541 USA       |  |
| DIRECTOR  | BERNARD K QUINLAN  | 9 HAZELTON AVENUE<br>NEEDHAM, MA 02494 USA      |  |
| DIRECTOR  | FRANCIS P SHEA     | 9 WOODSTONE ROAD<br>NORTHBORO, MA 01532 USA     |  |
| DIRECTOR  | ARTHUR J ANDREOLI  | 109 MORNINGSIDE ROAD<br>WORCESTER, MA 01602 USA |  |
| DIRECTOR  | GORDON C LOCKBAUM  | 35 BROOKSHIRE ROAD<br>WORCESTER, MA 01609 USA   |  |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |
|----------------|-----------------|---------------------|------------------------------------------------|--------------------------------------------------------|
| CNP            |                 | \$0.0000            | 7,500.00                                       | 300                                                    |

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 18 Day of January, 2018 at 10:27:25 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 GARY LEGER

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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