



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000139212

2. Name of Corporation Sullivan, Garrity & Donnelly Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 10 INSTITUTE ROAD

City or Town: WORCESTER

State: MA

Zip: 01609

Country: USA

4. Business Phone No.

6165411418

5. State of Incorporation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

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

INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS J SULLIVAN	10 INSTITUTE RD WORCESTER, MA 01609 USA
TREASURER	MATTHEW SCHWEINZGER	5664 PRAIRIE CREEK DR

		CALEDONIA, MI 49316 USA
DIRECTOR	GREGORY L WILLIAMS	5664 PRAIRIE CREEK DR CALEDONIA, MI 49316 USA
SECRETARY	ADAM C REED	5664 PRAIRIE CREEK DR CALEDONIA, MI 49316 USA
DIRECTOR	ADAM C REED	5664 PRAIRIE CREEK DR CALEDONIA, MI 49316 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	100.00	60

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 14 Day of February, 2018 at 11:40:28 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 THOMAS J SULLIVAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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