



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 140538		2. Exact name of the Corporation The Shannon Agency, Inc.										
3. Principal Office Address 400 Massachusetts Avenue Suite 104		City East Providence	State RI									
4. NAICS Code 52 4113		6. Brief description of the character of business conducted in Rhode Island Independent insurance agency										
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Edward L. Shannon		Vice-President Name Sarah E. Treanor										
Street Address Same as above		Street Address Same as above										
City	State	City	State									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name None		Director Name										
Street Address		Street Address										
City	State	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	None			
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200	Common	None										
11. 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. 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.												
Name of Authorized Representative Edward L. Shannon		Date 2/27/18										
Signature of Authorized Representative <i>Edward L. Shannon</i>												

FILED

MAR 02 2018

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BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017