State of	of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	reet 4-2615	
HOPE	(401) 222-304	40	
Foreign Business Corpora	ation		
Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by l		
ANNUAL REPORT YEAR: 2018			
1. Corporate ID No. 00012	4405		
2. Name of Corporation \underline{TAR}	PEY INSURANCE GROUP	<u>, INC.</u>	
3. Street Address Principal Bus	siness Office:		
No. and Street: <u>442 WAT</u>	ER STREET		
City or Town: WAKEFII	ELD State: <u>N</u>	<u>IA</u> Zip: <u>01880</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>782462677</u>			
5. State of Incorporation			
State: <u>MA</u>			
	ARTICLE III		
Enter the six digit NAICS Code the the list of codes here. More inforr		-	the entity. Download
<u>524210</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
SELLING INSURANCE AS A	AN INSURANCE BROKER		
7. Names and Addresses of the	Officers and Directors:		
All officers and directors mu	ist be listed.		
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
SECRETARY	STEPHEN E TARPEY	386 SWAI MELROSE M	INS POND AVE

JAMES J TARPEY

20 GUMWOOD LANE

CEO

			WA	KEFIELD, MA 01880 U	07	
PRESIDENT	ELIZABETH T KENT		LYM	3 HERRICK ROAD LYNNFIELD, MA 01940- USA		
VICE PRESIDENT	JAMES B TARPI	JAMES B TARPEY		60 BAYSTATE AVE WKSBURY, MA 01867 USA		
VICE PRESIDENT	MARK W TARPE	MARK W TARPEY		44 ANDREWS RD /AKEFIELD, MA 01880 USA		
VICE PRESIDENT	MICHAEL P TARF	MICHAEL P TARPEY		21 LEAH ST MELROSE, MA 02176 USA		
. Shares Authorized and Is	sued					
Class of Stock	Series of Stock	Par Val	ue Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares	
		¢	0.0000	7,500.00	5000	
CNP . This report must be exect corporation is in the hand corporation by the receiv	Is of a receiver or trus	corporati	on by an aut	horized represent	tative. If the	
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