

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI						
1. Corporate ID No.	2. Name of Corporation					
103811	. .	ince Agency, Inc.	· •		p	
3. Street Address Principal Busine 845 POST ROAD	ess Office		City WARWICK	State RI	72ip 02888	
4. Business Phone No.	· · · · · · · · · · · · · · · · · · ·	5. State of Incorporation		, ,!	6. SIC Code	
(401)461-0900		RHODE ISLAND			5702	
7 Brief Description of the Chara THE SALE AND MARKETI	cter of Business Conducte NG OF INSURANCE	d in Rhode Island , INSURANCE SERV	ICBS, FINANCIAL SERV	ICES AND PRODUCTS	3.	
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATT	VICE President Name	ACES BEFORE USING A	FTACHMENTS	
Richard P. Sacchet	ti		Richard P. Sacc	hetti		
Street Address		· · · · · · · · · · · · · · · · · · ·	Sircet Address		·	
51 Conifer Drive			.51 Conifer Driv	re		
, City	State	Zip	City	State	Zip	
North Providence	RI	02904	 North Providence 	e [RI	02904	
Secretary Name			Treasurer Name			
Richard P. Sacchet	tı	 	Peter R. Sacche	CC1		
Street Address 51 Conifer Drive			*Street Address .72 Power Road			
City	State	Zip	*City	State	Zip	
North Providence	RI	02904	. Pawtucket	RI	02860	
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR A	TTACHMENT) FILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS	
Richard P. Sacchet	ti		· None			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
51 Conifer Drive			•			
City	State	Zip	· City	State	Zip	
North Providence	RI	02904	·]	
Director Name None	•		* Director Name None			
Street Address	·		· Sireei Address		***************************************	
i . 			• 	····		
City	State	Zip	.City	State	Zip	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)		" BOX FOR ATTACHMEN	<i>'</i> ⊅□	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
!	Ciasistrits		, , , , , , , , , , , , , , , , , , ,	0.000		
100 NO PAR VALUE			100	Common	No Par Val.	
! ! !						
This report must be signed	d in ink by either th	ie President. Vice Pr	esident, Secretary, Assis	stant Secretary. Treas	urer, Receiver or Trustee	
The report made be digited	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
* 1 0	3 8 1 1 *			jury, I declare and affirm		
00010 00074	<u> </u>	٦	and Halfell statemen	any accompanying schools ts contributed serein are to	autes and statements,	
103811 DB	27:41 AM			// IF-11-4 4		
File Date	nn⊆		Ma 1	UN .	2.28.05	
MAK U 3 ZI	100 GOOD		Signature of Officer		Date	
Check No.	b		Richard P. S	Sacchetti		
By			Print or Type Name of	Officer		
βχ:			President			
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	_ 	Form 630 12/01	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation I. Corporate ID No. Sacchetti Insurance Agency, Inc. *103811* 3. Street Address Principal Business Office City Zip 845 POST ROAD WARWICK RΙ 02888 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)461-0900 RHODE ISLAND 5702 7. Brief Description of the Character of Business Conducted in Rhode Island. THE SALE AND MARKETING OF INSURANCE, INSURANCE SERVICES, FINANCIAL SERVICES AND PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Richard P. Sacchetti Richard P. Sacchetti Street Address Street Address 51 Conifer Drive .51 Conifer Drive City State ZpState Zip North Providence RI North Providence 02904 RT 02904 Secretary Name Treasurer Name Richard P. Sacchetti Peter R. Sacchetti * Sircei Address Street Address 51 Conifer Drive .72 Power Road City State City State 02904 North Providence RT Pawtucket RI 02860 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richard P. Sacchetti None Sircei Address Sireei Address 51 Conifer Drive City State Zip City State Zip North Providence 02904 RΙ Director Name Director Name None None Sireei Address ·Street Address State Ziρ Zio State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 100 NO PAR VALUE No Par Val. 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 continued perefront true and correct. *103811 DBC1/31/039:27:41 AM* File Date Richard P. Sacchetti Check No. Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN B						
I. Corporate ID No.	2. Name of Corpora					
103811	•	urance Agency, Inc.		 		
3. Street Address Principal Busin 845 POST ROAD	ess Office		City WARWICK	State RI	<i>Zip</i> 02888	
4. Business Phone No.		5. State of Incorporat		 	6. SIC Code	
(401)461-0900		RHODE ISLAN	ND 5702			
7 Brief Description of the Chara THE SALE AND MARKET	cter of Business Cond ING OF INSURAN	icted in Rhode Island CE, INSURANCE SE	RVICES, FINANCIAL SE	RVICES AND PRODUCTS	3.	
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS_("X" BOX FOR	ATTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING A	TTACHMENTS	
Richard P. Sacchet	ti		Richard P. Sa	cchetti		
Street Address			Street Address		<u> </u>	
51 Conifer Drive			•51 Conifer Dr	ive		
City	State	Zip	City	State	Zip	
North Providence	RI	02904	North Provide	nce RI	02904	
Secretory Name Richard R. Sacchet	. :		Treasurer Name		·	
Richard P. Sacchet			Peter R. Sacci	netti		
Street Address , 51 Conifer Drive			Street Address .72 Power Road			
City	State	Zip	City	State	Zip	
North Providence	RI	02904	Pawtucket	RI	02860	
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOI	RATTACHMENT) FILL I	N SPACES BEFORE USING	ATTACHMENTS .	
Richard P. Sacchet	ti		None			
Street Address			Street Address			
51 Conifer Drive			•	•	•	
City	State	Zip	·City	State	Zip	
North Providence	RI	02904				
Director Name None			* Director Name None			
Street Address	••		Street Address	······································		
City	State	Zip	.City	State	Zip	
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT) [].	11 SHARES ISSUED	"Y" ROY FOR ATTACHMEN		
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			100	Common	No Par Val.	
This report must be signed	d in ink by either	the President, Vice	President, Secretary, As.	sistant Secretary, Treasi	urer, Receiver or Trustee	
]			perjury, I declare and affirm		
<u> </u>		_	this report includi	ng any accompanying school	lules and statements,	
103811 DBC1/31/039:	27:41 AM		and they all statem	ents contained horoin are tra	e-and correct.	
File Doic 3.7.	<u>/)3</u>		//////XX	~ ([[][[[X]]X])	2.26.03	
01211			Signature of Officer	Jan W	Date Date	
Check No 9131		İ	Richard P.			
110			Print or Type Name of Officer			
$B_{\underline{Y}_{i}}$			President	- 		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01	
 			· -			

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

•		,	-		INSTRUCT
(FORM MUST BE TYPED IN BL)	ACK)				
I. Corporate ID No.	2. Name of Corpo	ration			
103811	Sacchetti	Insurance Agency, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
845 POST ROAD			WARWICK	RI	02888
4. Business Phone No.		5. State of Incorpora			6. SIC Code
(401) 461-0900		RHODE ISL	AND		5702
7. Brief Description of the Characte		i in Rhode Island			
INSURANCE AGENC					
8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
President Name			Vice President Name		
RICHARD P. SACC	HETTI		RICHARD P. SACCH	HETTI	
51 CONIFER DRIV	T.		Street Address	•	
City CONTER DRIV	E. State	Zip	51 CONIFER DRIVE		
NO. PROVIDENCE	RI	02904	·	State	Zip
Secretary Name	KI	02904	NO. PROVIDENCE Treasurer Name	. RI	02904
RICHARD P. SACC	HETTI		PETER R. SACCHET	TI	
Street Address			Street Address		
51 CONIFER DRIV	E		72 POWER ROAD		
City	State	ZIp	City	State	Zip
NO. PROVIDENCE	RI	02904	PAWTUCKET	RI	02860
9. NAMES AND ADDRES. Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR		BEFORE USING AT	TACHMENTS
RICHARD P. SACC	UETTT		Director Name		
Street Address	negge		NONE Street Address		
51 CONIFER DRIV	F		Jitti Addits)		
City	State	Zip	City	State	A 1-
NO. PROVIDENCE	RI	02904	u.,,	State	Zip
Director Name	KI	02304	Director Name		
NONE					
Street Address			Street Address		
			3,000,000		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI) ("X" BOX FOR ATI	FACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	T)
AUTHORIZZED SHARES			ESSUED SHARES		••
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



File Date:	2-11-02	_
Check No. 8	122	
By:	a.	
	OF STATE USE ONLY	

100 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this reposit, including any accompanying schedules and statements, and

Stenature of Officer Date

Class/Series

COMMON

Par Value

NO PAR VALUE

_RIC	HARD	P. S.	ACCHE!	TTI	
	Type Nam				

PRESIDENT
Title of (160cm

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



(FORM MUST BE TYPED IN BLACK)

ı.	Corporate	ID	No.	

2. Name of Corporation

103811 Sacchetti Insurance Agency, Inc.

J.	Street	naaress	Principal	Business	UΠ

City

Warwick

State

Zip

845 Post Rd

S. State of Incorporation
RHODE ISLAND

RI

02888 6.5762°

(401) 461-0900
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE	OFFICERS (*X* BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENT
President Name	Vice Pro	esident Name

RICHARD P. SACCHE	TTI		RICHARD P. SACCH	ETTI	
51 Conifer Drive			51 Conifer Drive	:	
Stry	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name			Treasurer Name		
RICHARD P. SACCHE	TTI		PETER R. SACCHET Street Address	TI	
51 Conifer Drive			72 Power Rd		
City No. Providence	State	Zip	City	State	ZIp
No. Providence	RI	02904	Pawtucket	. RI	02860
9. NAMES AND ADDRESSES Director Name	OF THE DIRE	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPACES Director Name	BEFORE USING A	
RICHARD P. SACCHE	FTI		NONE Street Address		
51 Conifer Drive			•		
City	State	Zip	City	State	Zip
NO. Providence	RI .	02904.	Director Name		
NONE treet Address			NONE Street Address		

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

State

AUTHORIZED SHARES
Number of Shares

100 NO PAR VALUE

City

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUEED SHARES

Number of Shares

Class/Series

Par Value

ZIp

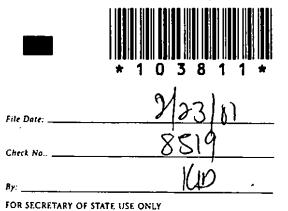
100

City

Common

NO Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 regements contained by the fire time and correct.

Sperature of Officer Date

Print or Type Name of Officer

PRESIDENT

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103811

Number of Shares

100 NO PAR VALUE

2. Name of Corporation

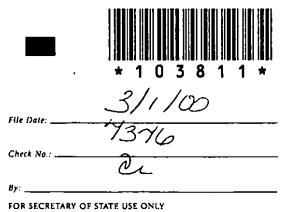
Sacchetti Insurance Agency, Inc.

3. Street Address Principal Business Office State ΖĮρ 02888 845 Post Road Warwick RT 4. Business Phone No. 5. State of Incorporation 6. SIC Code 5702 RHODE ISLAND (401) 461-0900 7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Richard P. Sacchetti Richard P. Sacchetti Street Address Street Address 51 Conifer Drive 51 Conifer Drive City City Zio State Zip State 02904 02904 North Providence RI North Providence RΤ Treasurer Name Secretary Name Richard P. Sacchetti Peter R. Sacchetti Street Address Street Address 72 Power Road 51 Conifer Drive City State City State 02904 02860 North Providence RI Pawtucket RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richard P. Sacchetti None Street Address Street Address 51 Conifer Drive City City State Zip State 210 02904 North Providence RI Director Name Director Name None None Street Address Street Address City State 2.10 City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100



Class/Series

Par Value

Under peopley of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that sit statements contained hereby are true per correct.

Signature of Officer

Date

Class/Sertes

Common

Par Value

No Par Value

Richard V. Sacchetti
Print or Type Name of Officer

President

Title of Officer

James K. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

1999 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No. 2. Name of	Corporation			
103811 Sacc	hetti Insurance Age	ncy, Inc.		
3. Street Address Principal Business Office 845 Post Road		Warwick	State RI	· 02888
4. Business Phone No. (401) 461-0900	S. State of Incorporation Rhode I			† 6. SIC Code 1 5702
7. Brief Description of the Character of Business Com- Insurance agency	ducted in Rhode Island			
8. NAMES AND ADDRESSES OF THE	OFFICERS ("X" BOX FOR ATT	CHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
Richard P. Sacchetti Street Address		Richard P.	Sacchetti	•
51 Conifer Drive		51 Conifer	Drive	
City State	Zip	City	T State	Zip
North Providence RI Secretary Name	02904	North Provi	dence RI	02904
Richard P. Sacchetti	· · · ·	Richard P.	Sacchetti	
51 Conifer Drive	Zip	51 Conifer	Drive State	i Zip
North Providence RI 9 NAMES AND ADDRESSES OF THE	02904	North Provi		02904
Director Name		Director Name		
Richard P. Sacchetti		None Street Address	• •	
51 Conifer Drive				
North Providence RI	02904	City	State	Zip
Director Name		Director Name	***************************************	
None		None		
Street Address		; Street Address	·• * ····	-
City State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X BOX FO	OR ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	j. -
AUTHORIZED SHARES		ISSUED SHARES		· -
Number of Shares Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
100 COMMON NO PAR VALUE		100	Common	No Par Value
			i	•
Chis report must be signed in into	v either the President Vic	a Dragidant Sacratary As	reictant Correctory Transcri	ros Rossinos os Terros
This report must be signed in ink b	y either the rresident, Vic	e rresident, Secretary, As	sistant secretary, ireasu	iter, keceiver or Iruste

Under pepalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Richard P. Sacchetti Print or Type Name of Officer **President** FOR SECRETARY OF STATE USE ONLY Title of Officer