



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *103811*		2. Name of Corporation Sacchetti Insurance Agency, Inc.			
3. Street Address Principal Business Office 845 POST ROAD		City WARWICK	State RI	Zip 02888	
4. Business Phone No. (401) 461-0900		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Sacchetti		Vice President Name Richard P. Sacchetti			
Street Address 51 Conifer Drive		Street Address 51 Conifer Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Richard P. Sacchetti		Treasurer Name Peter R. Sacchetti			
Street Address 51 Conifer Drive		Street Address 72 Power Road			
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Sacchetti		Director Name None			
Street Address 51 Conifer Drive		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
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 in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 8 1 1 *

103811 DB0116 27:41 AM

FILED
File Date MAR 03 2005
Check No. 1015
By 9060

FOR SECRETARY OF STATE USE ONLY

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.

Richard P. Sacchetti 2-28-05
Signature of Officer Date
Richard P. Sacchetti
Print or Type Name of Officer
President
Title of Officer

Form 630 1201



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *103811*		2. Name of Corporation Sacchetti Insurance Agency, Inc.			
3. Street Address Principal Business Office 845 POST ROAD		City WARWICK	State RI	Zip 02888	
4. Business Phone No. (401) 461-0900		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Sacchetti		Vice President Name Richard P. Sacchetti			
Street Address 51 Conifer Drive		Street Address 51 Conifer Drive			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Richard P. Sacchetti		Treasurer Name Peter R. Sacchetti			
Street Address 51 Conifer Drive		Street Address 72 Power Road			
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Sacchetti		Director Name None			
Street Address 51 Conifer Drive		Street Address .			
City North Providence	State RI	Zip 02904	City .	State .	Zip .
Director Name None		Director Name None			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
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 in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 8 1 1 *

103811 DBC1/31/039:27:41 AM

File Date 12-18-03

Check No. JAN 05 2004

By: 9.370 GAO

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Richard P. Sacchetti

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 BLACK)

1. Corporate ID No. *103811*		2. Name of Corporation Sacchetti Insurance Agency, Inc.			
3. Street Address Principal Business Office 845 POST ROAD			City WARWICK	State RI	Zip 02888
4. Business Phone No. (401) 461-0900		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Sacchetti			Vice President Name Richard P. Sacchetti		
Street Address 51 Conifer Drive			Street Address 51 Conifer Drive		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Richard P. Sacchetti			Treasurer Name Peter R. Sacchetti		
Street Address 51 Conifer Drive			Street Address 72 Power Road		
City North Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Sacchetti			Director Name None		
Street Address 51 Conifer Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
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 in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 8 1 1 *

103811 DBC1/31/039:27:41 AM	
File Date	3-7-03
Check No	9134
By:	ILP
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Richard P. Sacchetti

Print or Type Name of Officer

President

Title of Officer

Date

2-26-03



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

103811

2. Name of Corporation

Sacchetti Insurance Agency, Inc.

3. Street Address Principal Business Office

845 POST ROAD

City

WARWICK

State

RI

Zip

02888

4. Business Phone No.

(401) 461-0900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5702

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

RICHARD P. SACCHETTI

Street Address

51 CONIFER DRIVE

City State Zip
NO. PROVIDENCE RI 02904

Vice President Name

RICHARD P. SACCHETTI

Street Address

51 CONIFER DRIVE

City State Zip
NO. PROVIDENCE RI 02904

Secretary Name

RICHARD P. SACCHETTI

Street Address

51 CONIFER DRIVE

City State Zip
NO. PROVIDENCE RI 02904

Treasurer Name

PETER R. SACCHETTI

Street Address

72 POWER ROAD

City State Zip
PAWTUCKET RI 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

RICHARD P. SACCHETTI

Street Address

51 CONIFER DRIVE

City State Zip
NO. PROVIDENCE RI 02904

Director Name

NONE

Street Address

City State Zip

Director Name

NONE

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
100 COMMON NO PAR VALUE

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



* 1 0 3 8 1 1 *

File Date: 2-11-02

Check No. 8822

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

RICHARD P. SACCHETTI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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)

1. Corporate ID No. **103811** 2. Name of Corporation **Sacchetti Insurance Agency, Inc.**

3. Street Address Principal Business Office

City

State

Zip

845 Post Rd

Warwick

RI

02888
5702

4. Business Phone No.

5. State of Incorporation
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

State

Zip

City

State

Zip

No. Providence RI

02904

No. Providence RI

02904

Secretary Name

Treasurer Name

RICHARD P. SACCHETTI

PETER R. SACCHETTI

Street Address

Street Address

51 Conifer Drive

72 Power Rd

City

State

Zip

City

State

Zip

No. Providence RI

02904

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

Street Address

Street Address

51 Conifer Drive

City

State

Zip

City

State

Zip

NO. Providence RI

02904

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

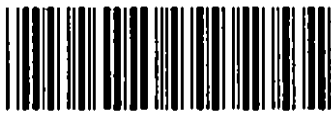
Par Value

100

Common

NO Par Value

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



* 1 0 3 8 1 1 *

File Date: 2/23/01

Check No.: 8519

By: KD

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

RICHARD P. SACCHETTI

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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** 2. Name of Corporation **Sacchetti Insurance Agency, Inc.**

3. Street Address Principal Business Office **845 Post Road** City **Warwick** State **RI** Zip **02888**

4. Business Phone No. **(401) 461-0900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

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

Richard P. Sacchetti

Street Address

51 Conifer Drive

City **North Providence** State **RI** Zip **02904**

Secretary Name

Richard P. Sacchetti

Street Address

51 Conifer Drive

City **North Providence** State **RI** Zip **02904**

Vice President Name

Richard P. Sacchetti

Street Address

51 Conifer Drive

City **North Providence** State **RI** Zip **02904**

Treasurer Name

Peter R. Sacchetti

Street Address

72 Power Road

City **Pawtucket** State **RI** Zip **02860**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Richard P. Sacchetti

Street Address

51 Conifer Drive

City **North Providence** State **RI** Zip **02904**

Director Name

None

Street Address

Director Name

None

Street Address

City _____ State _____ Zip _____

Director Name

None

Street Address

City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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



* 1 0 3 8 1 1 *

File Date: 3/1/00

Check No.: 1376

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Richard P. Sacchetti

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103811 2. Name of Corporation Sacchetti Insurance Agency, Inc.
3. Street Address Principal Business Office 845 Post Road City Warwick State RI Zip 02888
4. Business Phone No. (401) 461-0900 5. State of Incorporation Rhode Island 6. SIC Code 5702

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 North Providence State RI Zip 02904	City North Providence State RI Zip 02904
Secretary Name	Treasurer Name
Richard P. Sacchetti	Richard P. Sacchetti
Street Address	Street Address
51 Conifer Drive	51 Conifer Drive
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904

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 North Providence State RI Zip 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 FOR ATTACHMENT) []

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) []

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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

File Date: AUG 26 1999
Check No.: 228854

By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Richard P. Sacchetti Date: 8/18/99
Print or Type Name of Officer: Richard P. Sacchetti
Title of Officer: President