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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
132512	MCCLURE INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office		City	State	Zip
103 Van Deene Avenue		West Springfield	MA	01089
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(413) 781-8711	MASSACHUSETTS			

7. Brief Description of the Character of Business Conducted in Rhode Island
NON-RESIDENT INSURANCE AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William H. McClure			Mark S. McClure		
Street Address			Street Address		
92 Morningside Drive			11 Ely Way		
City	State	Zip	City	State	Zip
Longmeadow	MA	01106	Longmeadow	MA	01106
Secretary Name			Treasurer Name		
Mark S. McClure			William H. McClure		
Street Address			Street Address		
11 Ely Way			92 Morningside Drive		
City	State	Zip	City	State	Zip
Longmeadow	MA	01106	Longmeadow	MA	01106

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

Director Name			Director Name		
Mark S. McClure			William H. McClure		
Street Address			Street Address		
11 Ely Way			92 Morningside Drive		
City	State	Zip	City	State	Zip
Longmeadow	MA	01106	Longmeadow	MA	01106
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
20,000 COMM NO PAR VALUE			0	COMM	NPV

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

[redacted]

132512

File Date FILED

Check No. DEC 24 2004

By: By 53085

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

William H. McClure 12/22/04

Signature of Officer *Date*

William H. McClure

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divis
100 North Main St
Providence, RI 02903-1
401.222.3

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City	State	Zip	City	State	Zip
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
Longmeadow	MA	01106	Longmeadow	MA	01106
Director Name			Director Name		
Street Address			Street Address		
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20,000	COMM	NO PAR VALUE	-0-	Comm	NPV

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

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FILED
DEC 31 2003

File Date
Check No.
By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this rep
including any accompanying schedules and statements, and that all stateme
contained herein are true and correct.

Mark S. McClure — 12/22/03
Signature of Officer *Date*

Mark S. McClure
Print or Type Name of Officer

V.P.
Title of Officer

Form 630 Rev. 12/03