



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 02903-1535
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. 132512		2. Name of Corporation MCCLURE INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office 103 Van Deene Avenue		City West Springfield	State MA	Zip 01089
4. Business Phone No. (413) 781-8711		5. State of Incorporation MASSACHUSETTS		6. SIC Code
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 William H. McClure		Vice President Name Mark S. McClure		
Street Address 92 Morningside Drive		Street Address 11 Ely Way		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
Secretary Name Mark S. McClure		Treasurer Name William H. McClure		
Street Address 11 Ely Way		Street Address 92 Morningside Drive		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Mark S. McClure		Director Name William H. McClure		
Street Address 11 Ely Way		Street Address 92 Morningside Drive		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
20,000 COMM NO PAR VALUE			0	COMM

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



132512

File Date	FILED
Check No.	DEC 24 2004
By	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: William H. McClure
Date: 12/22/04
Print or Type Name of Officer: William H. McClure
Title of Officer: President



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 02903-11
401.222.36

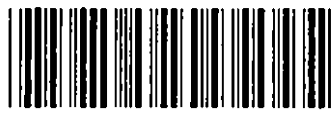
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20,000 COMM NO PAR VALUE			0	Comm	NPV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



FILED
DEC 31 2003
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: [Signature]
Date: 12/22/03
Print or Type Name of Officer: Mark S. McClure
Title of Officer: V.P.