



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. 139212		2. Name of Corporation Sullivan, Garrity & Donnelly Insurance Agency, Inc.			
3. Street Address Principal Business Office 10 Institute Road		City Worcester	State MA	Zip 01609	
4. Business Phone No. (508) 754-1767		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John R. Curran		Vice President Name None			
Street Address 30 Wyndhurst Drive		Street Address			
City Holden	State MA	Zip 01520	City	State	Zip
Secretary Name Thomas J. Sullivan		Treasurer Name George F. Sullivan, Jr.			
Street Address 44 Elm St #201		Street Address 80 Salisbury Street			
City Worcester	State MA	Zip 01609	City Worcester	State MA	Zip 01609
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name George F. Sullivan, Jr.		Director Name John R. Curran			
Street Address 80 Salisbury Street		Street Address 30 Wyndhurst Drive			
City Worcester	State MA	Zip 01609	City Holden	State MA	Zip 01520
Director Name Thomas J. Sullivan		Director Name			
Street Address 44 Elm St #201		Street Address			
City Worcester	State MA	Zip 01609	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 value

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



1 3 9 2 1 2

File Date 1/20/05
Check No. 125868
By: W.

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 1-18-05
John R Curran
Print or Type Name of Officer
President

Title of Officer

Form 630 12/01