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			
18516	LAWRENCE - SUTCLIFFE, INC.			
3. Street Address Principal Business Office		City	State	Zip
P.O. Box 580 - 511 Putnam Pike		Greenville	R.I.	02828
4. Business Phone No	5. State of Incorporation			6. SIC Code
(401) 949-3500	RHODE ISLAND			5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE SALES/ PLACEMENT

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

President Name	Vice President Name
Barry J. Sutcliffe	Barry J. Sutcliffe
Street Address: 7 Appleseed Drive	Street Address: 7 Appleseed Drive
City: Greenville State: R.I. Zip: 02828	City: Greenville State: R.I. Zip: 02828
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Barry J. Sutcliffe	
Street Address: 7 Appleseed Drive	Street Address
City: Greenville State: R.I. Zip: 02828	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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*
300 NO PAR VALUE	200 Common B	0	96	B	0
	100 Voting A	0	4	A	0

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

[redacted] [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.

Barry J. Sutcliffe 1/14/05
Signature of Officer *Date*

Barry J. Sutcliffe
Print or Type Name of Officer

President
Title of Officer

File Date 1-18-05
Check No. 4053
By: a

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
18516	LAWRENCE - SUTCLIFFE, INC.			
3. Street Address Principal Business Office		City	State	Zip
P.O. Box 580 - 511 Putnam Pike		Greenville	R.I.	02828
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-949-3500	RHODE ISLAND			5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE SALES/ PLACEMENT

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

President Name			Vice President Name		
Barry J. Sutcliffe			Barry J. Sutcliffe		
Street Address			Street Address		
7 Appleseed Drive, Greenville, R.I. 02828			7 Appleseed Drive, Greenville, R.I. 02828		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Barry J. Sutcliffe					
Street Address			Street Address		
7 Appleseed Drive, Greenville, R.I. 02828					
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
300 NO PAR VALUE	200 Common	B	0	96	B	0
	100 Voting	A	0	4	A	0

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

[redacted]

* 1 8 5 1 6 *

File Date 1-29-04
Check No. 26091
By: VP

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.

Barry J. Sutcliffe 1-28-04
Signature of Officer *Date*

Barry J. Sutcliffe
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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 18516
2. Name of Corporation: LAWRENCE - SUTCLIFFE, INC.
3. Street Address Principal Business Office: P.O. Box 580
   City: Greenville State: R.I. Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance

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

President Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Dr.
City: Greenville State: R.I. Zip: 02828

Vice President Name: Barry J. Sutcliffe
Street Address:
City: State: Zip:

Secretary Name: Barry J. Sutcliffe
Street Address:
City: State: Zip:

Treasurer Name: Barry J. Sutcliffe
Street Address:
City: State: Zip:

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

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR VALUE	200 B Common	0
	100 A Voting	0

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
96	B	0
4	A	0

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

* 1 8 5 1 6 *

File Date: 2.6.03
Check No.: 2020
By: LP
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.

Barry J. Sutcliffe — 1-15-03
Signature of Officer — *Date*

Barry J. Sutcliffe
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 18516
2. Name of Corporation: LAWRENCE-SUTCLIFFE, INC.
3. Street Address Principal Business Office: 511 Putnam Pike, P.O. Box 580 — City: Greenville, — State: RI — Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance sales/placement

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

President Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Vice President Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Secretary Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Treasurer Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

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

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR VALUE	200 B Common	0
	100 A Voting	0

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
96	B	0
4	A	0

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

[redacted] [redacted]

* 1 8 5 1 6 *

File Date: 2-21-02

Check No.: 1123

By: Dc

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.

Barry J. Sutcliffe — 2-20-02
Signature of Officer — *Date*

Barry J. Sutcliffe
Print or Type Name of Officer

[redacted] 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 18516
2. Name of Corporation: LAWRENCE - SUTCLIFFE, INC.
3. Street Address Principal Business Office: 511 Putnam Pike, P.O. Box 580 — City: Greenville — State: R.I — Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance Sales/Placement

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

President Name: Gerald P. Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: R.I — Zip: 02917

Vice President Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Secretary Name: Lynne Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Treasurer Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: R.I. — Zip: 02828

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

Director Name: Gerald Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Director Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Director Name: Lynne Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR VALUE	200 B Common	0
	100 A voting	0

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
96	B	0
4	A	0

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

* 18516 *

File Date: 1/25/01
Check No.: 3746
By: CCR

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.

Gerald P. Lawrence — 01-23-01
Signature of Officer — *Date*

Gerald P. Lawrence
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

STOP
PLEASE READ INSTRUCTIONS

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.: 18516
2. Name of Corporation: LAWRENCE - SUTCLIFFE, INC.
3. Street Address Principal Business Office: 511 Putnam Pike, P.O.Box 580 — City: Greenville — State: R.I — Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance Sale & Placement Property/Casualty & Life Programs

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

President Name: Gerald P. Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Vice President Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Secretary Name: Lynne Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Treasurer Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

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

Director Name: Gerald P. Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Director Name: Barry J. Sutcliffe
Street Address: 7 Appleseed Drive
City: Greenville — State: RI — Zip: 02828

Director Name: Lynne Lawrence
Street Address: 282 Waterman Ave
City: Esmond — State: RI — Zip: 02917

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
A/C SEE NOTES 200	B COMMON	0
100	AVOTING	0

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
96	B	0
4	A	0

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

* 18516 *

File Date: 12-21-99

Check No.: 2649

By: AMF

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.

Gerald P. Lawrence — 12-20-99
Signature of Officer — Date

Gerald P Lawrence
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 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP — PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 18516
2. Name of Corporation: LAWRENCE - SUTCLIFFE, INC.
3. Street Address Principal Business Office: 511 Putnam Pike, P.O. Box 580 — City: Greenville — State: R.I. — Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance Sales & Placement Property/Casualty and Life Program

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

President Name: Gerald P. Lawrence	Vice President Name: Barry J. Sutcliffe
Street Address: 282 Waterman Avenue	Street Address: 7 Appleseed Drive
City: Esmond — State: R.I. — Zip: 02917	City: Greenville — State: RI — Zip: 02828
Secretary Name: Lynne Lawrence	Treasurer Name: Barry J. Sutcliffe
Street Address: 282 Waterman Ave	Street Address: 7 Appleseed Drive
City: Esmond — State: R.I. — Zip: 02917	City: Greenville — State: RI — Zip: 02828

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

Director Name: Gerald P. Lawrence	Director Name: Barry J. Sutcliffe
Street Address: 282 Waterman Ave	Street Address: 7 Appleseed Drive
City: Esmond — State: RI — Zip: 02917	City: Greenville — State: RI — Zip: 02828
Director Name: Lynne Lawrence	Director Name:
Street Address: 282 Waterman Ave	Street Address:
City: Esmond — State: RI — Zip: 02917	City: — State: — Zip:

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

AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
A/C SEE NOTES 500	B Common	0	96	B	0
100	A Voting	0	4	A	0

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

[redacted] [redacted]

* 1 8 5 1 6 *

File Date: 1-1-99

Check No.: 1215

By: AMF

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.

Gerald P. Lawrence — 12-28-98
Signature of Officer — *Date*

GERALD P. LAWRENCE
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 18516

2. *Name of Corporation* LAWRENCE - SUTCLIFFE, INC.

3. *Street Address Principal Business Office* 511 Putnam Pike, P.O. Box 580 — *City* Greenville — *State* R.I. — *Zip* 02828

4. *Business Phone No.* 949-3500

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 5702

7. *Brief Description of the Character of Business Conducted in Rhode Island* Insurance Sales & Placement Property/Casualty and Life Program

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*)

President Name Gerald P. Lawrence
Street Address 282 Waterman Avenue
City Esmond — *State* R.I — *Zip* 02917

Vice President Name Barry J. Sutcliffe
Street Address ~~282 Waterman Avenue~~ 7 Appleseed Drive
City ~~Esmond~~ Greenville — *State* RI — *Zip* 02828

Secretary Name Lynne Lawrence
Street Address 282 Waterman Avenue
City Esmond — *State* RI — *Zip* 02917

Treasurer Name Barry J. Sutcliffe
Street Address 7 Appleseed Drive
City Greenville — *State* RI — *Zip* 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*)

Director Name Gerald P. Lawrence
Street Address 282 Waterman Avenue
City Esmond — *State* RI — *Zip* 02917

Director Name Barry J. Sutcliffe
Street Address 7 Appleseed Drive
City Greenville — *State* R.I — *Zip* 02828

Director Name Lynne Lawrence
Street Address 282 Waterman Ave
City Esmond — *State* RI — *Zip* 02917

Street Address _____
City _____ — *State* _____ — *Zip* _____

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	B Common	0
100	A Voting	0

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
96	B	0
4	A	0

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

[redacted] * 1 8 5 1 6 *

File Date: 1.1.98

Check No.: 7798

By: KP

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.

Gerald P. Lawrence — 12-16-97
Signature of Officer — *Date*

Gerald P Lawrence
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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 18516
2. Name of Corporation: LAWRENCE - SUTCLIFFE, INC.
3. Street Address Principal Business Office: 511 Putnam Pike, P.O. Box 580 — City: Greenville — State: R.I. — Zip: 02828
4. Business Phone No.: 949-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5702
7. Brief Description of the Character of Business Conducted in Rhode Island: Insurance sales and placement, property/casualty and life programs

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

	President Name	Vice President Name
Street Address	282 Waterman AVenue	7 Appleseed Drive
City / State / Zip	Esmond, RI 02917	Greenville RI 02828
	Secretary Name	Treasurer Name
Street Address	Lynne Lawrence	Barry J. Sutcliffe
	282 Waterman Avenue	7 Appleseed Drive
City / State / Zip	Esmond RI 02917	Greenville RI 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

	Director Name	Director Name
Street Address	Gerald P. Lawrence	Barry J. Sutcliffe
	282 Waterman AVenue	7 Appleseed Drive
City / State / Zip	Esmond RI 02917	Greenville RI 02828
	Director Name	Director Name
Street Address	Lynne Lawrence	
	282 Waterman AVenue	
City / State / Zip	Esmond RI 02917	

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
A/C SEE NOTES 200	B common	0	96	B	0
100	A voting	0	4	A	0

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

[redacted] * 1 8 5 1 6 *

File Date: 1/2/97

Check No.: 6658

By: [signature]

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.

Gerald P. Lawrence 12-20-96
Signature of Officer *Date*

Gerald P. Lawrence
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO	2 NAME OF CORPORATION
18516	LAWRENCE - SUTCLIFFE, INC.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
511 Putnam Pike, P.O. Box 580	Greenville	R.I.	02828

4 BUSINESS PHONE NO	5 STATE OF INCORPORATION	6 SIC CODE
949-3500	RHODE ISLAND	5702

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Insurance sales and placement, property casualty and life programs

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gerald P. Lawrence	282 Waterman AVenue	Esmond	RI	02917

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Barry J. Sutcliffe	7 Appleseed Drive	Greenville	R.I.	02828

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lynne Lawrence	282 Waterman AVenue	Esmond	RI	02917

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Barry J. Sutcliffe	7 Appleseed Drive	Greenville	RI	02828

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
George Sutcliffe	1 Hughes Drive	Johnston,	R.I.	02919

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gerald Lawrence	282 Waterman Avenue	Esmond,	R.I.	02917

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Barry Sutcliffe	7 Appleseed Drive	Greenville,	RI	02828

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lynne Lawrence	282 Waterman Avenue	Esmond	RI	02917

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
200	B Common	0	96	B	0
100	A Voting	0	4	A	0

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 contained herein are true and correct.

Gerald P. Lawrence, Pres.
Signature of Officer

GERALD P. LAWRENCE
Print or Type Name of Officer

President — 12-19-95
Title of Officer — Date

File Date: 1/1/96
Check No: 5478
By: CCT/CP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street •
Providence, Rhode Island 02903-1335
401-277-3040

FILED
JAN 12 [illegible]
BY [illegible]

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0018516 Annual Report for the year: 1995

Name of Corporation: LAWRENCE - SUTCLIFFE, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
511 Putnam Pike
Greenville, R.I. 02828

Phone: (401)949-3500

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Insurance Sales

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Gerald P. Lawrence	282 Waterman AVenue,	Esmond, R.I.	02917
VICE PRESIDENT: Barry J. Sutcliffe	7 Appleseed Drive,	Greenville,R.I.	02828
SECRETARY: Lynne Lawrence	282 Waterman Avenue,	Esmond, R.I.	02917
TREASURER: Barry J. Sutcliffe	7 Appleseed Drive,	Greenville, R.I.	02828

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
~~96~~ 200	B Common	96	B
~~4~~ 100	A- voting	4	A

Date 12-21 , 19 94

By: LAWRENCE-SUTCLIFFE INC.
Gerald P. LAWRENCE, Gerald P Lawrence
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

GERALD P. LAWRENCE
511 PUTNAM PIKE
GREENVILLE RI 02828

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

2171 715

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

Corporate ID: 0018516

Annual Report for the year: 1994

Name of Business Entity: LAWRENCE - SUTCLIFFE, INC.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:
none

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
511 Putnam Pike
Greenville, R.I. 02828
Phone: (401) 949-3500

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
Gerald Lawrence, President
P.O. Box 580, 511 Putnam Pike
Greenville, R.I. 02828

Brief statement of the character of business conducted in Rhode Island:
Insurance Sales

Date of Organization: 1-83

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	Gerald P. Lawrence	282 Waterman Avenue	Esmond, R.I.	02917
[ ] CHIEF OPERATING OFFICER OR [X] VICE PRESIDENT (Check One)	Barry J. Sutcliffe	7 Appleseed Drive	Greenville, R.I.	02828
[ ] CUSTODIAN OF RECORDS OR [X] SECRETARY (Check One)	George L. Sutcliffe	1 Hughes Drive	Johnston, R.I.	02919
[ ] CHIEF FINANCIAL OFFICER OR [X] TREASURER (Check One)	Barry J. Sutcliffe	7 Appleseed Drive	Greenville, R.I.	02828

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER 100
CLASS 96 B Common 4. A voting	CLASS 96 B / 4A
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

JAN 25 1994
SECY OF STATE

Date 1-25-94 19 94

By: Gerald P. Lawrence

GERALD P. LAWRENCE
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

GERALD P. LAWRENCE
511 PUTNAM PIKE
GREENVILLE RI 02828

Filing Fee $50.00

18779/93

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018516 Annual Report for the year 1993

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is INSURANCE SALES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. BOX 580. 511 PUTNAM PIKE
GREENVILLE, R.IR. 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	282 Waterman AVenue, Esmond, RI 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Drive, Greenville, R.I.02828
Lynne Lawrence	Secretary	282 Waterman AVenue, Esmond, R.I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Drive, Greenville, R.I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B common		no par
4	A voting		no par

PAID
JAN 21 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		no par
4	A		no par

Dated January 20 19 93

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Gerald P. Lawrence

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CK 1273
R 73355

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018516 Annual Report for the year 1992

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is INSURANCE SALES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 580, 511 Putnam Pike
Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	282 Wateeman Ave, Esmond, R.I 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Drive, Greenville, RI 02828
Lynne Lawrence	Secretary	282 Wateeman Ave, Esmond, R.I 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Drive, Greenville, RI 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		NO PAR
4	A Voting		NO PAR

PAID
JAN 31 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		NO PAR
4	A		NO PAR

Dated January 21 19 92

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Gerald Lawrence

Title President

(Report must be signed by an officer)

Form 31 - 7/85

Filing Fee $50.00 $50.

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

SS.

Corporate ID 0018516 Annual Report for the year 1991

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance Sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 580, 511 Putnam Pike. Greenville, R.I. 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	282 Waterman Ave, Esmond, R.I. 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Drive, Greenville, R.I. 02828
Lynne Lawrence	Secretary	282 Waterman Ave., Esmond, R.I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Drive, Greenville, RI 02828

SEVENTH: Number of Shares authorized:

PAID
JAN 04 1991
SEC'Y OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		NO PAR
4	A voting		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		NO PAR
4	A		NO PAR

Dated January 3 19 91

Lawrence-Sutcliffe, INC.
(Name of Corporation)

By Gerald P. Lawrence

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018516 Annual Report for the year 1990

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Insurance Agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 580, 511 Putnam Pike, Greenville, R.I. 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	282 Waterman Avenue, Esmond, R.I. 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Drive, Greenville, R.I. 02828
Lynne Lawrence	Secretary	282 Waterman AVenue, Esmond, R.I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Drive, Greenville, R.I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		no par
4	A voting		no par

PAID
JAN 30 1990
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		no par
4	A		no par

Dated January 23 1990

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Gerald P. Lawrence

Title President

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018516 Annual Report for the year 1989

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance Agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 580, 511 Putnam Pike, Greenville, R.I. 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	282 Waterman Avenue, Esmond, RI 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Dr., Greenville, R.I. 02828
Lynne Lawrence	Secretary	282 Waterman Ave., Esmond, R.I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Dr., Greenville, R.I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		no par
4	A Voting		no par

PAID

1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		no par
4	A		no par

Dated February 6 19 89

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Gerald P. Lawrence

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18516 Annual Report for the year 1988

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office na

FIFTH: Business address in Rhode Island 511 Putnam Pike, Greenville, R. I. 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	232 Waterman Ave.,Esmond, R. I. 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Dr., Greenville, R.I. 02828
Lynne Lawrence	Secretary	232 Waterman Ave., Esmond, R. I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Dr.,Greenville,R.I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		no par
4	A Voting		no par

PAID
JAN 20 19XX
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B		no par
4	A		no par

JAN 26 1988

Dated Jan 18 19 88

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Barry J. Sutcliffe

Title Treasurer

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

January

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18516 Annual Report for the year 1987

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office na

FIFTH: Business address in Rhode Island 511 Putnam Pike, Greenville, R. I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	232 Waterman Ave., Esmond, R. I. 02917
Barry J. Sutcliffe	Vice President	7 Appleseed Dr., Greenville, R. I. 02828
Lynne Lawrence	Secretary	232 Waterman Ave., Esmond, R. I. 02917
Barry J. Sutcliffe	Treasurer	7 Appleseed Dr., Greenville, R. I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
96	B Common		no par
4	A Voting		no par

PAID
MAR 06 1987
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Par Value or statement that shares are without par value
96	B	no par
4	A	no par

Dated Feb. 27 19 87

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By Barry Sutcliffe

Title Treasurer

(Report must be signed by an officer)

MAR 27 1987

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 13516 Annual Report for the year 1986

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and otherwise dealing in insurance.

FOURTH: If foreign corporation, address of its principal office Not applicable

FIFTH: Business address in Rhode Island 511 Putnam Pike, Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	511 Putnam Pike, Greenville, RI 02828
Barry J. Sutcliffe	Vice President	511 Putnam Pike, Greenville, RI 02828
George L. Sutcliffe	Secretary	511 Putnam Pike, Greenville, RI 02828
Barry J. Sutcliffe	Treasurer	511 Putnam Pike, Greenville, RI 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Class A Common		no par value
200	Class B Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4	Class A Common		no par value
96	Class B Common		no par value

Dated Feb 5 1986

LAWRENCE-SUTCLIFFE, INC.
(Name of Corporation)

By Gerald P. Lawrence

(Report must be signed by an officer) Title President

Received & Filed MAR 13 1986

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18516 Annual Report for the year 1985

FIRST: The name of the corporation is LAWRENCE - SUTCLIFFE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and otherwise dealing in insurance.

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 511 Putman Pike, Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Gerald P. Lawrence	President	511 Putman Pike, Greenville, RI 02828
Barry J. Sutcliffe	Vice President	511 Putman Pike, Greenville, RI 02828
George L. Sutcliffe	Secretary	511 Putman Pike, Greenville, RI 02828
Barry J. Sutcliffe	Treasurer	511 Putman Pike, Greenville, RI 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Class A Common		no par value
200	Class B Common		no par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
4	Class A Common		no par value
96	Class B Common		no par value

Dated February 14 19 85

LAWRENCE-SUTCLIFFE, INC.
(Name of Corporation)

By George Sutcliffe

Title Secty

RECEIVED MAR 1985

(Report must be signed by an officer)

Form 31 1/85

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is Lawrence-Sutcliffe, Inc.

SECOND: It is incorporated under the laws of R. I.

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
511 Putnam Pike, Greenville, R. I. 02828

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Gerald P. Lawrence	Director	282 Waterman Ave., Esmond, R. I.
Barry J. Sutcliffe	Director	7 Appleseed Dr., Greenville, R. I.
George L. Sutcliffe	Director	1 Hughes Drive, Johnston, R. I.
Gerald P. Lawrence	President	
Barry J. Sutcliffe	Vice President & Treasurer	
George L. Sutcliffe	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Class A Voting Common		no par
200	Class B Non-Voting		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4	Class A. Voting Common		
96	Class B Non-Voting Common		

Dated: February 29 19 84

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By George L. Sutcliffe
Title Secretary

(Report must be signed by an officer)

APR 11 1984

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is Lawrence-Sutcliffe, Inc.

SECOND: It is incorporated under the laws of R. I.

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 580, Greenville, R. I. 02828

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	Box 580, 511 Putnam Pike, Greenville, RI
	Director	
	Director	
Gerald Lawrence	President	Esmond, R. I.
Barry Sutcliffe	Vice President	Greenville, R. I.
George Sutcliffe	Secretary	Greenville, R. I.
Barry Sutcliffe	Treasurer	Greenville, R. I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized: 300

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A Common	Voting	no par
200	B Common	Non-Voting	no par

EIGHTH: Number of Shares issued: 104

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4	A Common	Voting	no par
100	B Common	Non-Voting	no par

Dated: Feb 23 1983

Lawrence-Sutcliffe, Inc.
(Name of Corporation)

By George Sutcliffe

Title Secretary

(Report must be signed by an officer)

FEB 28 1983

2531A14

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 — 10-81