

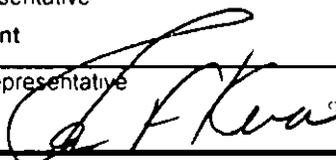


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

S.T.A.P.

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 121635		2. Exact name of the Corporation Keefe Insurance Agency, Inc.			
3. Principal Office Address 51 West Central Street			City Franklin	State MA	Zip 02038
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island To sell and service all forms of insurance.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert F. Keras			Vice-President Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Secretary Name Robert F. Keras			Treasurer Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert F. Keras			Director Name Peter L. Brunelli		
Street Address 547 Union Street			Street Address 160 Brook Street		
City Franklin	State MA	Zip 02038	City Franklin	State MA	Zip 02038
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			7,100	common	no par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative Robert F. Keras, President				Date 12/13/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE JAN 16 2019	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 7045
