

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) 2. Name of Corporation 1. Corporate ID No. 119522 PHILLIPS INSURANCE AGENCY, INC. 3. Street Address Principal Business Office State Zip 97 CENTER STREET CHICOPEE 0.1.0.1.3 6. SIC Code 5. State of Incorporation 4. Business Phone No. 413-594-5984 5702 <u>MASSACHUSETTS</u> 7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE SALES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS
President Name Joseph M. Phillips
Street Address Joseph M. Phillips
Street Address 72 Dartmouth Road 72 Dartmouth Road Longmeadow.. . 01106.. . . .01.1.0.6. . . MA . ..Longmeadow. Joseph M. Phillips Joseph M. Phillips Street Address Street Address 72 Dartmouth Road 72 Dartmouth Road State 01106 Longmeadow MA 01106 Longmeadow MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None
Street Address <u>Joseph M. PHillips</u> Street Address 72 Dartmouth Road State Zip State Zio ΜA Longmeadow. 01106 Director Name Director Name None None ·Street Address Sircei Address City State Ziρ State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Class/Series Par Value Class/Series Par Value Number of Shares 15,000 None 15,000 NO PAR VALUE 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. **FILED** File Date 1221 MAR 2 8 2009 Signature of Officer Check No. Joseph M. P. Print or Type Name of Officer <u>PHillips</u> By President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



## 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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

3.00	• •	
ROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	2004

ling Period: January I - M ORM MUST BE TYPED OR PRI		ng Fee: \$50.00				
Corporate ID No.	2. Name of Corporation	on .		· · · · · · · · · · · · · · · · · · ·		
119522		URANCE AGENCY, INC	·		<u> </u>	
3 Street Address Principal Business Office			City	State	01013	
97 Center Street			Chicopee	MA	01013 6. SIC Code	
4 Business Phone No 5. State of Incorporation 413-594-5984 MASSACHUS				5702		
Brief Description of the Character	of Business Conducted to	MASSACHUSE Rhode Island	1 3702			
INSURANCE SALES NAMES AND ADDRESSES			TACHMENT) [] FILL IN	I SPACES BEFORE USIS	NG ATTACHMENTS	
wident Name	or the orrices	3: ( X BOX YOR A)	Vice President Name	· • • • • • • • • • • • • • • • • • • •		
Joseph M. Phill	ips		Joseph M. Phillips			
reet Address		<del></del>	Street Address			
72 Dartmouth Ro	ad		72 Dartmouth Road			
tv	State	Zip	City	State	Zip	
ongmeadow	MA	01106	Longmeadow	MA	01106	
cretary Name			Treasurer Name	N / 1 1 /		
Joseph M. Phill	.ips		Joseph M. Phillips			
reet Address	•		Street Address			
72 Dartmouth Ro	<del></del>	7/0	72 Dartmouth Road City State Zip			
iy Lanamaaday	Siate M N	2φ 01106	: *	MA	01106	
Longmeadow NAMES AND ADDRESSES	MA S OF THE DIRECTO		Longmeadow  TTACHMENT) □ FILL	IN SPACES BEFORE US		
rector Name	OF THE DIRECTO	MU. ( A BOAFOR A	Director Name			
Joseph M. Phill	ine		NONE			
rei Address	<u>- ~ P-4</u>		Sirvet Address			
72 Dartmouth Ro	oad					
ity	State	Zip	City	State	Zip	
Longmeadow	MA	01106				
Irector Name			Director Name			
NONE			NONE			
reet Address	<del>-</del>		Street Address			
<u></u> _	State	7/0	City	State	Zip	
ty	State	Zip	Cuit	Janua.	\\\'\'\'\'	
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value	
	<del></del>					
15,000 NO PAR VALUE	<u></u>	<u> </u>	15,000		None	
This report must be	signed in ink by ci	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee	
111						
		<b>  </b>		perjury. I declare and affirm		
	1 1 9 5 2	<del>2</del> *		ompanying schedules and	statements, and that all sta	
$\sim$	09	_	contained herein a	are true and correct.		
File Date	VI.	_			1-28-04	
i	racul?		Signature of Office	r	Date	
Check No.		-	Joseph M	. Phillips		
1( <b>I</b> /	•		Print or Type Nam			
y:		-	Presiden			
FOR SECRETARY OF S	TATE USE ONLY					
			Title of Officer			

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 \_

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

119522

PHILLIPS INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

City

Chicopee

State

Zip

97 Center Street 4. Business Phone No.

5. State of Incorporation

MA

01013 6. SIC Code

413-594-5984

**MASSACHUSETTS** 

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Write insurance accounts located in Rhode Island

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

President Name

Street Address

Joseph M Phillips

Vice President Name Joseph M. Phillips

Street Address

72 Dartmouth Road

72 Dartmouth Road

Zio

Longmeadow

MA

01106

Longmeadow

MA

State

01106

Secretary Name

Street Address

Joseph M. Phillips

72 Dartmouth Road

Treasurer Name

Joseph M. Phillips

Street Address

72 Dartmouth Road

Longmeadow,

MA

01106

City Longmeadow

MA

01106

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

Joseph M. Phillips

NONE

Street Address

Street Address

72 Dartmouth Road

Pondmeadox

MA

City

State

Zip

Director Name NONE

01106

ZIp

Secret in

NONE

Street Address

Street Address

City

City

State

Zip

10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

State

Par Value

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

ISSUED SHARES

Number of Shares

Class/Serles

Par Volue

15,000 NO PAR VALUE

15,000

NONE

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



Check No.:

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.

Sycature of Officer

Joseph M. Phillips Print or Type Name of Officer

President

Title of Officer د حوټ د د

Form 630 12/02

7. Brief Description of the Character of Business Conducted in Rhode Island

2. Name of Corporation

Write insurance accounts located in Rhode Island

\* 1 1 9 5 2 2 \*

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

97 Center Street

1. Corporate ID No.

119522

4. Business Phone No.

Thi

File Date: \_

Check No.: .

FOR SECRETARY OF STATE USE ONLY

413-594-5984

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

ZIp

01013

6. SIC Code

5702

Sinte

MA

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Form 640 12/01

that all statements contained herein are true and correct.

- Joseph M. Phillips Print or Type Name of Officer

President

Title of Officer **₹**> 5

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of Incorporation

**MASSACHUSETTS** 

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

City

Chicopee

PHILLIPS INSURANCE AGENCY, INC.

401-222-3040

			Vice President Name				
Joseph M. Phillips Street Address			Joseph M Phillips Street Address				
72 Dartmouth Road			72 Dartmouth Road				
City	State	Zip	City	State	Zip		
Longmeadow Secretary Name	MA	01106	Longmeadow Treasurer Name	MA	01106		
Joseph M. Phillips Street Address			Joseph M. Phillips Street Address				
72 Dartmouth Road			72 Dartmouth Road				
City	State	Zlp	City	State	Zip		
Longmeadow	MA	01106	Longmeadow	MA	01106		
9. NAMES AND ADDRESSE Director Name	S OF THE DIR	ECTORS ("X" BOX FOR A		ES BEFORE USING ATT	ACHMENTS		
Joseph M. Phillips Street Address			NONE Street Address				
72 Dartmouth Road							
City	State	Zir	City	State	Zip		
Longmeadow Director Name	МЛ	01106	Disector Name				
NONE Street Address			NONE Street Address				
Chy	State	Zip	СПу	State	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES				
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Serles	Par Value		
15,000 NO PAR VALUE			15,000		NONE		
This report must be signed	i in inte hie siet	nor the Bresident Vi	o Descident Constant to				
This report must be <b>signed</b>    <b>     </b>	<b>III                                 </b>	lli iiiiiii	e President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee		