



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**

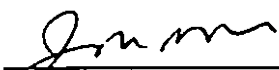
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119522		2. Name of Corporation PHILLIPS INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office 97 CENTER STREET		City CHICOPEE	State MA	Zip 01013
4. Business Phone No. 413-594-5984		5. State of Incorporation MASSACHUSETTS		6. SIC Code 5702
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joseph M. Phillips		Vice President Name Joseph M. Phillips		
Street Address 72 Dartmouth Road		Street Address 72 Dartmouth Road		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
Secretary Name Joseph M. Phillips		Treasurer Name Joseph M. Phillips		
Street Address 72 Dartmouth Road		Street Address 72 Dartmouth Road		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Joseph M. Phillips		Director Name None		
Street Address 72 Dartmouth Road		Street Address None		
City Longmeadow	State MA	Zip 01106	City None	State None
Director Name None		Director Name None		
Street Address None		Street Address None		
City None	State None	Zip None	City None	State None
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
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

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  
Date 3/23/05  
Joseph M. PHILLIPS  
Print or Type Name of Officer  
President  
Title of Officer

<b>FILED</b>	
File Date	MAR 28 2005 1221
Check No.	By 105
By:	
FOR SECRETARY OF STATE USE ONLY	



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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. 119522		2. Name of Corporation PHILLIPS INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office 97 Center Street		City Chicopee	State MA	Zip 01013
4. Business Phone No. 413-594-5984		5. State of Incorporation MASSACHUSETTS		6. SIC Code 5702
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joseph M. Phillips		Vice President Name Joseph M. Phillips		
Street Address 72 Dartmouth Road		Street Address 72 Dartmouth Road		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
Secretary Name Joseph M. Phillips		Treasurer Name Joseph M. Phillips		
Street Address 72 Dartmouth Road		Street Address 72 Dartmouth Road		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Joseph M. Phillips		Director Name NONE		
Street Address 72 Dartmouth Road		Street Address		
City Longmeadow	State MA	Zip 01106	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
15,000 NO PAR VALUE			15,000	

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



\* 1 1 9 5 2 2 \*

File Date	2.2.09
Check No.	10840
By:	UP
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 Joseph M. Phillips Date 1-28-04  
Print or Type Name of Officer  
President  
Title of Officer



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **119522** 2. Name of Corporation **PHILLIPS INSURANCE AGENCY, INC.**

3. Street Address Principal Business Office  
**97 Center Street**

City **Chicopee** State **MA** Zip **01013**

4. Business Phone No.  
**413-594-5984**

5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **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  
**Joseph M Phillips**

Vice President Name  
**Joseph M. Phillips**

Street Address  
**72 Dartmouth Road**

Street Address  
**72 Dartmouth Road**

City **Longmeadow** State **MA** Zip **01106**

City **Longmeadow** State **MA** Zip **01106**

Secretary Name  
**Joseph M. Phillips**

Treasurer Name  
**Joseph M. Phillips**

Street Address  
**72 Dartmouth Road**

Street Address  
**72 Dartmouth Road**

City **Longmeadow,** State **MA** Zip **01106**

City **Longmeadow** State **MA** Zip **01106**

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

Director Name  
**Joseph M. Phillips**

Director Name  
**NONE**

Street Address  
**72 Dartmouth Road**

Street Address

City **Longmeadow** State **MA** Zip **01106**

City State Zip

Director Name  
**NONE**

Director Name  
**NONE**

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**15,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series 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



\* 1 1 9 5 2 2 \*

File Date: 2/10/03

Check No.: 15877

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] 2-6-03  
Signature of Officer Date

**Joseph M. Phillips**

Print or Type Name of Officer

**President**

Title of Officer





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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

119522

2. Name of Corporation

PHILLIPS INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

97 Center Street

City

Chicopee

State

MA

Zip

01013

4. Business Phone No.

413-594-5984

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

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

Joseph M. Phillips

Street Address

72 Dartmouth Road

City

State

Zip

Longmeadow

MA

01106

Secretary Name

Joseph M. Phillips

Street Address

72 Dartmouth Road

City

State

Zip

Longmeadow

MA

01106

Vice President Name

Joseph M Phillips

Street Address

72 Dartmouth Road

City

State

Zip

Longmeadow

MA

01106

Treasurer Name

Joseph M. Phillips

Street Address

72 Dartmouth Road

City

State

Zip

Longmeadow

MA

01106

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

Director Name

Joseph M. Phillips

Street Address

72 Dartmouth Road

City

State

Zip

Longmeadow

MA

01106

Director Name

NONE

Street Address

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000 NO PAR VALUE

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



\* 1 1 9 5 2 2 \*

File Date: 2-7-02

Check No.: 15135

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] 1/31/02  
Signature of Officer Date

Joseph M. Phillips  
Print or Type Name of Officer

President  
Title of Officer

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Form 610 12/01