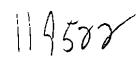
Filing Fee: \$150.00

. License Fee: \$15.00 minimum (§7-1.1-124)

ID Number:_____





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the state of Rhode Island, and for that purpose submits the following statement

sta	rement.					
1.	The name of the corporation is Phillips Insurance Agency, Inc.					
2.	It is incorporated under the laws of					
3.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "compan "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of t above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with the application:	vill his				
4	The date of its incorporation is February 5,1990 and the period of its duration is 00,401019					
5.	The address of its principal office in the state or country under the laws of which it is incorporated is					
6.	The address of its proposed registered office in Rhode Island is 1130 Ten Rod Road, Bldg A205					
	(Street Address, <u>not</u> P.O. Box)					
	RI CUSS and the name of its proposed registered agent in Rhode Island (City/Town) (Zip Code)	at				
	that address is Dorn (Dunnella (Name of Agent)					
	(Name of Agent)					
7.	The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
	Insurance sales					
	الاقتصال المنافعة ال المنافعة المنافعة ال	_				
8	The names and respective addresses of the directors and officers are: Name Address Address					
	Director 45					
	Director 20 // 50	_				
	President Joseph III. Phillips 73 Destroyeth Rd. Longmenden MA 0/106					
	Vice President	_				
	Treasurer					
	Secretary	,				

y .	value, and series, if any, within a cla	•	Series	Par Value or snares, snares without par Par Value or Statement that Shares are without Par Value
	%000	<u></u>	<u> </u>	NO PAR
10.	The aggregate number of its issued within a class, is:	shares, itemized by cla	sses, par value of shares, sl	nares without par value, and series, if any,
	Number of Shares	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value
11	(a) An estimate of the value of \$SCO, ひひひ.	all property to be ow	ned by the corporation for	the following year, wherever located, is
	(b) An estimate of the value of \$	the corporation's propi	erty to be located within F	Rhode Island during the following year is
		the following year bears	s to the value of all property	tie of the property of the corporation to be of the corporation to be owned during the tiply by 100 to obtain the percentage.
12	(a) An estimate of the gross am $\frac{1}{2} \frac{\partial \mathcal{O}(\mathcal{O}_{1}(\mathcal{O}_{1}))}{\partial \mathcal{O}_{2}(\mathcal{O}_{1}(\mathcal{O}_{2}))}$	nount of business to t	pe transacted by the corp	poration during the following year is
	(b) An estimate of the gross am Island during the following year		e transacted by the corporati	on at or from places of business in Rhode
	perporation at or from places of	filbusiness in this state	during the following year be	unt of business to be transacted by the ars to the gross amount thereof which will le (b) by (a) and multiply by 100 to obtain
13.	This application is accompanied by by the secretary of state or other au			Il amendments thereto, duly authenticated i.
Dat	ite: <u>17 - 2.0 - 07</u>	· -	Print Exact Name o	Corporation Making Application
		t	, <u> </u>	☐ Vice President (check one)
		E	By Secretary or [Assistant Secretary (check one)
ST	TATE OF <u>Massachuset</u> DUNTY OF <u>Humpden</u>	<u> </u>		
is t	In (hicoper, IN) A fore me Suscon IV) A the Fresident ch officer of the corporation, and the first control of the corporation.	on this 30 ft	day of July who, being by me corporation and that he erein contained are true.	ne first duly sworn, declared that he/she e/she signed the foregoing document as
		-	Notary Public	December 16,2005

1637 4 7 6

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ORGANIZATION GENERAL LAWS, CHAPTER 156B, SECTION 12

I hereby (pertify that, upon an examination of these articles of	organization
duly submitted to	me, it appears that the provisions of the General Laws	relative to the
organization of	corporations have been complied with, and I hereby	approve sad
articles; and the	filing fee in the amount of \$ 200 having be	en paid, said
articles are deem	sed to have been filed with me this	
day of	ted to have been filed with me this 5 Th	" 9
	//	
	U	
Effective date	Same and the second	
	MICHAEL J. CONNOLLY	
	MICHAEL J. CONNOLLY	
	Secretary of State	

TILING FEE: 1/10 of 1% of the total amount of the authorized capital stock, but not less than \$200.00. For the purpose of filing, shares of stock with a par value less than one dollar or no par stock shall be deemed to have a par value of one dollar

per share.

A TRUE COPY ATTEST

Option Spanning Solution

WILLIAM FRANCIS GALVIN

SECRETARY OF THE COMMONWEALTH

DATE TO CLERK A. A.

PHOTOCOPY OF ARTICLES OF ORGANIZATION TO BE SENT

S. Joseph Ciccia, Esquire					
73 State Street, Suite 101					
Springfield, MA 01103					
(413) 737-8097					