



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. 123625		2. Name of Corporation Integrated Benefits Group, Insurance Broker Inc.			
3. Street Address Principal Business Office 276 Main Street			City Stonham	State MA	Zip 02180
4. Business Phone No. 781.438.0098		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENT/BROKER					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Maffeo, Jr.			Vice President Name		
Street Address 276 Main Street			Street Address		
City Stonham	State MA	Zip 02180	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM \$.01 PAR VALUE			0	0	0

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



123625

File Date 1/25/05
Check No. 3713
By: DA

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

Anthony Maffeo, Jr.

Print or Type Name of Officer

President

Title of Officer

12/29/04
Date



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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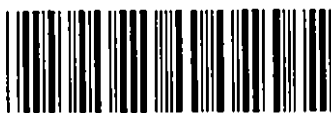
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 123625		2. Name of Corporation Integrated Benefits Group, Insurance Broker Inc.			
3. Street Address Principal Business Office 276 main street			City Stoneham	State MA	Zip 02180
4. Business Phone No. 781.438.0098		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENT/BROKER					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Maffeo, Jr.			Vice President Name none		
Street Address 21 Tarbox Lane			Street Address		
City N. Reading	State MA	Zip 01864	City	State	Zip
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	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) <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	Par Value
100 COMM \$.01 PAR VALUE			none		

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



* 1 2 3 6 2 5 *

File Date 2/26/04
Check No. 3303
By: ls.

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 Anthony Maffeo, Jr. Date 2/12/04

Print or Type Name of Officer Anthony Maffeo, Jr.

Title of Officer President



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. 123625 2. Name of Corporation Integrated Benefits Group, Insurance Broker Inc.
3. Street Address Principal Business Office 276 Main Street City Stonham State MA Zip 02180
4. Business Phone No. 781.438.0098 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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Anthony Maffeo, Jr.</u>	Vice President Name <u>none</u>
Street Address <u>21 Tarbox Lane</u>	Street Address
City <u>North Reading</u> State <u>MA</u> Zip <u>01864</u>	City State Zip
Secretary Name <u>none</u>	Treasurer Name <u>none</u>
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 <u>none</u>	Director Name <u>none</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name <u>none</u>	Director Name <u>none</u>
Street Address	Street Address
City State Zip	City State Zip

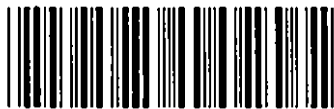
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMM \$.01 ParValue

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



* 1 2 3 6 2 5 *

File Date: 2/12/03
Check No.: 2739
By: 9

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.

Anthony Maffeo, Jr. 2/18/03
Signature of Officer Date

Anthony Maffeo, Jr.
Print or Type Name of Officer

President
Title of Officer