

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222,3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2. Name of Corporation 123625 Integrated Benefits Group, Insurance Broker Inc. 3 Street Address Principal Business Office MA Stoneham 276 Main Stro 4. Business Phone No. 5. State of Incorporation 781.438.004 **MASSACHUSETTS** 7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENT/BROKER FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Street Address Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Z.ip Street Address Street Address City City State Zip State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class Series Par Value 100 COMM \$.01 PAR VALUE 0 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. ingluding any accompanying schedules and statements. And that all statements File Date Check No.



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

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123625 Street Address Principal Bus		nefits Group, Insurance I	City	State	Zip	
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INSURANCE AGEN	-	p to howard solution				
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Street Address		Street Address	·			
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y. Reading	State MA	^{zip} 01864	City	State	Zip	
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Signature of Officer

Anthony Morton JV.

Print or Type Nande of Officer

Price of Officer

Form 630 Rev. 12/03

(FORM MUST BE TYPED OR PRINTED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

123625

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

Integrated Benefits Group, Insurance Broker Inc.

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

2. Name of Corporation

Street Address Principal Business 276 Main Street	Office		Stonehom	State MA	^z 6218
Business Phone No.		5. State of Incorporation	on .		6. SIC Car
781. 438.0098		MASSACHUS	ETTS		570
Brief Description of the Character	of Business Conducted I	n Rhode Island			
insurance sales					
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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