



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

Mathew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3640

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. 59937
 2. Name of Corporation Scituate Insurance Agency, Inc.
 3. Street Address Principal Business Office 169 Danielson Pike / P.O. Box 158
 City Scituate / North State RI Zip 02857
 4. Business Phone No. (401) 949-0559
 5. State of Incorporation RHODE ISLAND
 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island
 Insurance agency

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

President Name Nancy R. Brush-Mendizabal			Vice President Name David A. Brush		
Street Address P.O. Box 158			Street Address 528 Putnam Pike		
City North Scituate	State RI	Zip 02857	City Greenville	State RI	Zip 02828
Secretary Name Nancy R. Brush-Mendizabal			Treasurer Name David A. Brush		
Street Address P.O. Box 158			Street Address 528 Putnam Pike		
City North Scituate	State RI	Zip 02857	City Greenville	State RI	Zip 02828

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

Director Name David A. Brush			Director Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike			Street Address P.O. Box 158		
City Greenville	State RI	Zip 02828	City North Scituate	State RI	Zip 02857

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

Number of Shares	Class/Series	Par Value
500	Common	No par value

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

Number of Shares	Class/Series	Par Value
100	Common	No par value

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



5 9 9 3 7

File Date: 2/7/05
 Check No: 1024
 By: W.
 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: Nancy Mendizabal Date: 1/26/05
 Print or Type Name of Officer: Nancy Mendizabal
 Title of Officer: President



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. 59937		2. Name of Corporation Scituate Insurance Agency, Inc.			
3. Street Address Principal Business Office 169 Danielson Pike / P.O. Box 158			City Scituate / North	State RI	Zip 02857
4. Business Phone No. (401) 949-0559		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance agency					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David A. Brush			Vice President Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike			Street Address P.O. Box 158		
City Greenville	State RI	Zip 02828	City Scituate	State RI	Zip 02857
Secretary Name David A. Brush			Treasurer Name Nancy R. Brush-Mendizabal		
Street Address 5528 Putnam Pike			Street Address P.O. Box 158		
City Greenville	State RI	Zip 02828	City North Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David A. Brush			Director Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike			Street Address P.O. Box 58		
City Greenville	State RI	Zip 02828	City North Scituate	State RI	Zip 02857
Director Name ----			Director Name		
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
- 500	Common	No par value	100	Common	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.

[Signature] 2/21/04
Signature of Officer Date
Nancy Mendizabal
Print or Type Name of Officer
President
Title of Officer

File Date 3-1-04
1.5.00 (REV)
Check No. _____
By: MAR 1 8 2004 119723
FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, Secretary of State
Corporations Division
160 North Main Street, Providence, RI 02903-1335
401 222 3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *59937*		2. Name of Corporation Scituate Insurance Agency, Inc.			
3. Street Address Principal Business Office 169 DANIELSON PIKE			City SCITUATE	State RI	Zip 02857
4. Business Phone No. 4016473130		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY					

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

President Name Donald A. Brush			Vice President Name Nancy Mendizabal		
Street Address 59 Phillips Lane, P.O. Box 477			Street Address 16 Hamilton Hill Road		
City Harmony	State RI	Zip 02829	City Harmony	State RI	Zip 02829
Secretary Name Nancy Mendizabal			Treasurer Name Donald A. Brush		
Street Address 16 Hamilton Hill Road			Street Address 59 Phillips Lane, P.O. Box 477		
City Harmony	State RI	Zip 02829	City Harmony	State RI	Zip 02829

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

Director Name n/a			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"/>			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
500 NO PAR VALUE			100	Common/None	no par value

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



**59937* 2/13/03 4:33:53 PM*

File Date 3.3.03

Check No. 10518

By: ICP

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.

Donald A. Brush 2/27/02
Signature of Officer Date
Donald A. Brush DONALD A BRUSH
Print or Type Name of Officer
President President
Title of Officer



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. **59937**
2. Name of Corporation **Scituate Insurance Agency, Inc.**
3. Street Address Principal Business Office
169 Danielson Pike
4. Business Phone No. **(401) 647-3130**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Agency

City **Scituate** State **RI** Zip **02857**
6. SIC Code **5702**

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

President Name **Donald A. Brush**
Street Address
59 Phillips Lane, P.O. Box 477
City **Harmony** State **RI** Zip **02829**

Vice President Name **Nancy Mendizabal**
Street Address
16 Hamilton Hill Road
City **Harmony** State **RI** Zip **02829**

Secretary Name **Nancy Mendizabal**
Street Address
16 Hamilton Hill Road
City **Harmony** State **RI** Zip **02829**

Treasurer Name **Donald A. Brush**
Street Address
59 Phillips Lane, P.O. Box 477
City **Harmony** State **RI** Zip **02829**

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

Director Name **N/A**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common/None No Par Value

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



* 5 9 9 3 7 *

File Date: 2-21-02
Check No.: 9799
By: [Signature]

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] / 2/21/2002
Signature of Officer Date

Donald A. Brush
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59937** 2. Name of Corporation **Scituate Insurance Agency, Inc.**
 3. Street Address Principal Business Office **169 Danielson Pike** City **Scituate** State **RI** Zip **02857**
 4. Business Phone No. **(401) 647-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Agency

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

President Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City Harmony State RI Zip 02829	Vice President Name Nancy Mendizabal Street Address 16 Hamilton Hill Road City Harmony State RI Zip 02829
Secretary Name Nancy Mendizabal Street Address 16 Hamilton Hill Road City Harmony State RI Zip 02829	Treasurer Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City Harmony State RI Zip 02829

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

Director Name N/A Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500 SHS NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common/None	None

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



* 5 9 9 3 7 *
FILED

File Date: MAR 09 2001

Check No.: _____
By: [Signature]
259187

By: _____

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] 2/10/2001
Signature of Officer Date

Donald A. Brush
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59937** 2. Name of Corporation **Scituate Insurance Agency, Inc.**

3. Street Address Principal Business Office
169 Danielson Pike City **Scituate** State **RI** Zip **02857**
4. Business Phone No. **(401) 647-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

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

Insurance Agency

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

President Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City Harmony State RI Zip 02829 Secretary Name Nancy Mendizabal Street Address 16 Hamilton Hill Road City Harmony State RI Zip 02829	Vice President Name Nancy Mendizabal Street Address 16 Hamilton Hill Road City Harmony State RI Zip 02829 Treasurer Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City Harmony State RI Zip 02829
--	---

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

Director Name N/A Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common/None None

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



* 5 9 9 3 7 *

File Date: 2/14/00
Check No.: 8064
By: [Signature]

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] 1/30/00
Signature of Officer Date

Donald A. Brush
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59937		2. Name of Corporation Scituate Insurance Agency, Inc.	
3. Street Address Principal Business Office 169 Danielson Pike		City Scituate	State RI
4. Business Phone No. (401) 647-3130		5. State of Incorporation RHODE ISLAND	6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Donald A. Brush		Vice President Name Nancy Mendizabal	
Street Address 59 Phillips Lane, P.O. Box 479		Street Address 16 Hamilton Hill Road	
City Harmony	State RI	City Harmony	State RI
Zip 02829		Zip 02829	
Secretary Name Nancy Mendizabal		Treasurer Name Donald A. Brush	
Street Address 16 Hamilton Hill Road		Street Address 59 Phillips Lane, P.O. Box 479	
City Harmony	State RI	City Harmony	State RI
Zip 02829		Zip 02829	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
500 SHS NO PAR VAL			100
			Common / None
			None

RECEIVED
SECRETARY OF STATE
MAR 17 1999

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



PAID
10 220108
MAR 17 1999

File Date: _____

Check No.: **SECRET OF STATE**

By: _____

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.

Donald A. Brush **3/15/99**
Signature of Officer Date

Donald A. Brush
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59937** 2. Name of Corporation **Scituate Insurance Agency, Inc.**

3. Street Address Principal Business Office **169 Danielson Pike** City **Scituate** State **RI** Zip **02857**

4. Business Phone No. **(401)-647-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Donald A. Brush**
Street Address **59 Phillips Lane, P.O. Box 479**
City **Harmony** State **RI** Zip **02829**

Vice President Name **Nancy Mendizabal**
Street Address **16 Hamilton Hill Road**
City **Harmony** State **RI** Zip **02829**

Secretary Name **Nancy Mendizabal**
Street Address **16 Hamilton Hill Road**
City **Harmony** State **RI** Zip **02829**

Treasurer Name **Donald A. Brush**
Street Address **59 Phillips Lane, P.O. Box 479**
City **Harmony** State **RI** Zip **02829**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **N/A**
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
500 SHS NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
100	common/none	none

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



File Date: 2.20.98
Check No.: 6477
By: [Signature]

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 [Signature] Date 1/30/1998
Donald A. Brush
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59937** 2. Name of Corporation **Scituate Insurance Agency, Inc.**
3. Street Address Principal Business Office **169 Danielson Pike** City **Scituate** State **RI** Zip **02857**
4. Business Phone No. **401-647-3130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City State Zip Harmony RI 02829 Secretary Name Nancy Mendizabal Street Address 12 Intervale Road City State Zip Cranston RI 02910	Vice President Name Nancy Mendizabal Street Address 12 Intervale Road City State Zip Cranston RI 02910 Treasurer Name Donald A. Brush Street Address 59 Phillips Lane, P.O. Box 479 City State Zip Harmony RI 02829
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name N/A Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		100	common/none	no par value

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

File Date: 1/30/97
Check No.: 5650
By: ccr/sec
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: Donald A. Brush Date: 1/13, 1997
Donald A. Brush
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATON
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO. 0059937
2 NAME OF CORPORATION SCITUATE INSURANCE AGENCY, INC.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 169 Danielson Pike
CITY Scituate STATE RI ZIP CODE 02857
4 BUSINESS PHONE NO 401-647-3130
5. STATE OF INCORPORATION Rhode Island
6 SIC CODE 5702
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Insurance agency

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Donald A. Brush STREET ADDRESS 59 Phillips Lane, P.O. Box 479 CITY Harmony STATE RI ZIP CODE 02829	VICE PRESIDENT NAME Nancy Mendizabal STREET ADDRESS 12 Intervale Road CITY Cranston STATE RI ZIP CODE 02919
SECRETARY NAME Nancy Mendizabal STREET ADDRESS 12 Intervale Road CITY Cranston STATE RI ZIP CODE 02919	TREASURER NAME Donald A. Brush STREET ADDRESS 59 Phillips Lane, P.O. Box 479 CITY Harmony STATE RI ZIP CODE 20829

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME N/A STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE
DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
500	Common/None	No par value	100	Common/None	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.

File Date: 11/19/96
Check No: 1027485
By: [Signature]

[Signature]
Signature of Officer
Donald A. Brush
Print or Type Name of Officer

For Secretary of State Use Only

President
Title of Officer
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0059937 Annual Report for the year: 1995

Name of Corporation: Situate Insurance Agency, Inc.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:
N/A

Brief statement of the character of business conducted in Rhode Island:

Insurance Agency

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
169 Danielson Rd
No. Situate RI 02857
 Phone: (401) 647-3130

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Donald A. Brush</u>	<u>51 Phillips Lane</u>	<u>Harmony RI</u>	<u>02829</u>
VICE PRESIDENT <u>Nancy Brush Mendizabal</u>	<u>12 Intervale Rd</u>	<u>Cranston RI</u>	<u>02910</u>
SECRETARY <u>Nancy Brush Mendizabal</u>	<u>same</u>		
TREASURER <u>Donald A. Brush</u>	<u>same</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>500</u>	<u>Common</u>		

Date: 1/17/95 1995 By: Nancy Brush Mendizabal

PRINT OR TYPE NAME OF OFFICER SIGNING: Nancy Brush Mendizabal
 TITLE OF OFFICER SIGNING: V. President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED
 JAN 17 1995
 BY JACK # 3609

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0059937 Annual Report for the year: 1994

Name of Business Entity: Scituate Insurance Agency, Inc.

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: 05-0482096
For foreign entity, address and telephone number of principal office:
N/A
Phone: _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
169 Danielson Plc.
No. Scituate RI 02857
Phone: 401-647-3130

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Nancy Brush Mendizabal
P.O. Box 158
No. Scituate RI 02857
Brief statement of the character of business conducted in Rhode Island:
Insurance Agency
Date of Organization: 4-9-90
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one) <u>Donald A. Brush</u>	<u>59 Phillips St. Harmony</u>	<u>RI</u>	<u>02829</u>
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> V. CT. PRESIDENT (check one) <u>Nancy Brush Mendizabal</u>	<u>12 Intervale Rd. Cranston</u>	<u>RI</u>	<u>02910</u>
<input checked="" type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one) <u>Nancy Brush Mendizabal</u>	<u>Same as above</u>		
<input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one) <u>Donald A. Brush</u>	<u>Same as above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER: <u>500</u>	NUMBER: _____
CLASS: <u>Common</u>	CLASS: _____
SERIES: _____	SERIES: _____
PAR VALUE OR WITHOUT PAR: <u>w/o par value</u>	PAR VALUE OR WITHOUT PAR: _____

Date: 10/28 94 By: Nancy Brush Mendizabal
FILED
17 1995
PRINT OR TYPE NAME OF OFFICER SIGNING: Nancy Brush Mendizabal
TITLE OF OFFICER SIGNING: Vice President

Form 31 1994
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DONALD A. BRUSH
14 CEDAR SWAMP RD.
GREENVILLE RI 02828

FILED
JAN 17 1995
By g. J. Clark 3609

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0059937 Annual Report for the year 1993

FIRST: The name of the corporation is SCITUATE INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is insurance agency

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 14 Cedar Swamp Road
Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
No Board of Directors	Director	
	Director	
	Director	
Donald A. Brush	President	59 Phillips Lane, Harmony, RI 02829
Nancy R. Brush	Vice President	12 Intervale Road, Cranston, RI 02910
Nancy R. Brush	Secretary	12 Intervale Road, Cranston, RI 02910
Donald A. Brush	Treasurer	59 Phillips Lane, Harmony, RI 02829

SEVENTH: Number of Shares authorized:

No. of Shares	Class
500	Common

Par Value or statement that shares are without par value
None
No par

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value or statement that shares are without par value
None
No par

Rec'd & Filed JAN 12 1993

✓
2003
check #
7165

Dated December 15th 1992

SCITUATE INSURANCE AGENCY, INC.
(Name of Corporation)

By Donald A. Brush

Title President & Treasurer

(Report must be signed by an officer)

Filing Fee ~~\$15.00~~

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0059937 Annual Report for the year 1992

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Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
No Board of Directors	Director	
	Director	
	Director	
Donald A. Brush	President	59 Phillips Lane, Harmony, RI 02829
Nancy R. Brush	Vice President	12 Intervale Road, Cranston, RI 02910
Nancy R. Brush	Secretary	12 Intervale Road, Cranston, RI 02910
Donald A. Brush	Treasurer	59 Phillips Lane, Harmony, RI 02829

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common	None	No par

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No par

Filed & Filed
JAN 12 1993

90
check #
2165

Dated December 15th 19 92

SCITUATE INSURANCE AGENCY, INC.
(Name of Corporation)

By Donald A. Brush

Title President & Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

55 34/69925

Corporate ID..... Annual Report for the year 1991.....

FIRST: The name of the corporation is BLAINE-SCITUATE INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is insurance agency

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 14 Cedar Swamp Road, Greenville, RI 02828.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
No Board of Directors	Director	
	Director	
	Director	
Donald A. Brush	President	34 Valley Road Harmony, RI 02829
Nancy R. Brush	Vice President	34 Valley Road Harmony, RI 02829
Nancy R. Brush	Secretary	" " "
Donald A. Brush	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common	None	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No par value

Dated January 3, 1992.....

BLAINE-SCITUATE INSURANCE AGENCY, INC.....
(Name of Corporation)

By Donald A. Brush

Title President and Treasurer

(Report must be signed by an officer)