



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. 140538		2. Name of Corporation The Shannon Agency, Inc.			
3. Street Address Principal Business Office 400 Massasoit Avenue, #104			City East Providence	State RI	Zip 02914
4. Business Phone No. (401) 431-0065		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AN INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward L. Shannon			Vice President Name Sarah E. Shannon		
Street Address 400 Massasoit Avenue, #104			Street Address 400 Massasoit Avenue, #104		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Sarah E. Shannon			Treasurer Name Edward L. Shannon		
Street Address 400 Massasoit Avenue, #104			Street Address 400 Massasoit Avenue, #104		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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		
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					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$1.00 PAR VALUE		200	Common	No par value
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

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



File Date _____
Check No. MAR 10 2005
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] 2/16/05
Signature of Officer Date
EDWARD L SHANNON
Print or Type Name of Officer
PRESIDENT
Title of Officer