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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
119741	GILBERT C. OLIVEIRA INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office	City	State	Zip
1320 NORTH MAIN STREET, P.O. BOX 2031	FALL RIVER	MA	02722-
4. Business Phone No.	5. State of Incorporation		6. SIC Code
5086757475	MASSACHUSETTS		5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT EXCLUSIVELY AS AN INSURANCE AGENT, BROKER

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

President Name			Vice President Name		
Gilbert C. Oliveira			Gilbert C. Oliveira, Jr.		
Street Address			Street Address		
297 Woodlawn Street			1191 Highland Avenue		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Secretary Name			**Treasurer Name**		
Gilbert C. Oliveira, Jr.			Gilbert C. Oliveira		
Street Address			Street Address		
1191 Highland Avenue			297 Woodlawn Street		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720

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

Director Name			Director Name		
Gilbert C. Oliveira			Gilbert C. Oliveira, Jr.		
Street Address			Street Address		
297 Woodlawn Street			1191 Highland Avenue		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. 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
1,000 COMM NO PAR VALUE			None		

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

[redacted] 119741 [redacted]

119741 FBC 01/26/05 07:48:08 PM
File Date 1/28/05
Check No. 39477
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 — *Date* 01/26/2005

Gilbert C. Oliveira, Jr.
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
119741	GILBERT C. OLIVEIRA INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office		City	State	Zip
1320 NORTH MAIN STREET, P.O. BOX 2031		FALL RIVER	MA	02722-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
5086757475	MASSACHUSETTS			5702

7. *Brief Description of the Character of Business Conducted in Rhode Island*
TO ACT EXCLUSIVELY AS AN INSURANCE AGENT, BROKER

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

President Name			Vice President Name		
Gilbert C. Oliveira			Gilbert C. Oliveira, Jr.		
Street Address			Street Address		
297 Woodlawn Street			1191 Highland Avenue		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Secretary Name			**Treasurer Name**		
Gilbert C. Oliveira, Jr.			Gilbert C. Oliveira		
Street Address			Street Address		
1191 Highland Avenue			297 Woodlawn Street		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720

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

Director Name			Director Name		
Gilbert C. Oliveira			Gilbert C. Oliveira, Jr.		
Street Address			Street Address		
297 Woodlawn Street			1191 Highland Avenue		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. 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*
1,000	COMM	NO PAR VALUE	None		

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

[redacted] 1 1 9 7 4 1 [redacted]

119741 FBC 01/08/04 01:47:01 PM
File Date
Check No. RECEIVED KD 38053
By: JAN 09 2004
FOR SECRETARY OF STATE USE ONLY
BY

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 — *Date* 1-08-2004

Gilbert C. Oliveira, Jr.
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
119741	GILBERT C. OLIVEIRA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office	City	State	Zip
1320 NORTH MAIN STREET, P.O. BOX 2031	FALL RIVER	MA	02722-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
508-675-7475	MASSACHUSETTS	5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT EXCLUSIVELY AS AN INSURANCE AGENT, BROKER

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

President Name	Vice President Name
Gilbert C. Oliveira	Gilbert C. Oliveira, Jr.
Street Address: 297 Woodlawn Street	Street Address: 1191 Highland Avenue
City: Fall River; State: MA; Zip: 02720	City: Fall River; State: MA; Zip: 02720
Secretary Name	**Treasurer Name**
Gilbert C. Oliveira	Gilbert C. Oliveira, Jr.
Street Address: 297 Woodlawn Street	Street Address: 1191 Highland Avenue
City: Fall River; State: MA; Zip: 02720	City: Fall River; State: MA; Zip: 02720

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

Director Name	Director Name
Gilbert C. Oliveira	Gilbert C. Oliveira Jr.
Street Address: 297 Woodlawn Street	Street Address: 1191 Highland Avenue
City: Fall River; State: MA; Zip: 02720	City: Fall River; State: MA; Zip: 02720
Director Name	**Director Name**
Street Address	Street Address
City; State; Zip	City; State; Zip

10. 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*
1,000 COMM NO PAR VALUE			None		

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

[redacted] *119741*

**119741* 2/3/034:47:16 PM*

File Date 2/5/03

Check No. 23201

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

2/03/03
Signature of Officer *Date*

Gilbert C. Oliveira, Jr.
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
"119741"	GILBERT C. OLIVEIRA INSURANCE AGENCY, INC.

3. Street Address Principal Business Office	City	State	Zip
1320 NORTH MAIN STREET, P.O. BOX 2031	FALL RIVER	MA	02722-

4. Business Phone No	5. State of Incorporation	6. SIC Code
508-675-7475	MASSACHUSETTS	5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT EXCLUSIVELY AS AN INSURANCE AGENT, BROKER

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

President Name	Street Address	City	State	Zip
Gilbert C. Oliveira	297 Woodlawn Street	Fall River	MA	02720

Vice President Name	Street Address	City	State	Zip
Gilbert C. Oliveira, Jr.	1191 Highland Avenue	Fall River	MA	02720

Secretary Name	Street Address	City	State	Zip
Gilbert C. Oliveira	297 Woodlawn Street	Fall River	MA	02720

Treasurer Name	Street Address	City	State	Zip
Gilbert C. Oliveira Jr.	1191 Highland Avenue	Fall River	MA	02720

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

Director Name	Street Address	City	State	Zip
None				

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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

* 1 1 9 7 4 1 *

119741 FBC8/20/029:26:06 AM
File Date 8-21-02
Check No. 225520
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 of Officer — Date 8/20/02

Gilbert C. Oliveira, Jr.
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/01