



**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. 123943		2. Name of Corporation PMC Insurance Agency, Inc.			
3. Street Address Principal Business Office 50 CABOT STREET			City NEEDHAM	State MA	Zip 02494
4. Business Phone No 781-449-7774		5. State of Incorporation MASSACHUSETTS			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE SALES AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JONATHAN PENN			Vice President Name CEO GREGORY MALLOY		
Street Address 50 CABOT ST.			Street Address 50 CABOT ST.		
City NEEDHAM	State MA	Zip 02494	City NEEDHAM	State MA	Zip 02494
Secretary Name CLERK JONATHAN PENN			Treasurer Name RICHARD PENN		
Street Address 50 CABOT ST.			Street Address 50 CABOT ST.		
City NEEDHAM	State MA	Zip 02494	City NEEDHAM	State MA	Zip 02494
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GREGORY MALLOY			Director Name JONATHAN PENN		
Street Address 50 CABOT ST.			Street Address 50 CABOT ST.		
City Needham	State MA	Zip 02494	City NEEDHAM	State MA	Zip 02494
Director Name RICHARD PENN			Director Name		
Street Address 50 CABOT ST.			Street Address		
City NEEDHAM	State MA	Zip 02494	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
3,000 COMM NO PAR VALUE			NONE		

**RECEIVED**  
 JAN 26 2005  
 STATE OF RHODE ISLAND  
 INSURANCE DIVISION

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



\*123943\*

File Date 2/15/05  
 Check No. 16191  
 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.

G Malloy 1/23/05  
 Signature of Officer Date  
Gregory W. Malloy  
 Print or Type Name of Officer  
CEO  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>123943</b>		2. Name of Corporation <b>PMC Insurance Agency, Inc.</b>			
3. Street Address Principal Business Office <b>50 CABOT STREET</b>			City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>
4. Business Phone No. <b>781-449-7774</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		6. SIC Code <b>5702</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSURANCE SALES AND SERVICES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JONATHAN PENN</b>			Vice President Name <b>CEO</b> <b>GREGORY MALLOY</b>		
Street Address <b>50 CABOT ST.</b>			Street Address <b>50 CABOT ST.</b>		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>
Secretary Name <b>-clerk</b> <b>JONATHAN PENN</b>			Treasurer Name <b>RICHARD PENN</b>		
Street Address <b>50 CABOT ST.</b>			Street Address <b>50 CABOT ST.</b>		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>GREGORY MALLOY</b>			Director Name <b>JONATHAN PENN</b>		
Street Address <b>50 CABOT ST.</b>			Street Address <b>50 CABOT ST.</b>		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>
Director Name <b>RICHARD PENN</b>			Director Name		
Street Address <b>50 CABOT ST.</b>			Street Address		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02494</b>	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
<b>3,000 COMM NO PAR VALUE</b>			<b>none</b>		

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



\* 1 2 3 9 4 3 \*

File Date 1-28-04  
Check No. 11065  
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] 1-26-04  
Signature of Officer Date  
Gregory Malloy  
Print or Type Name of Officer  
CEO & Director  
Title of Officer



**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. 123943  
2. Name of Corporation PMC Insurance Agency, Inc.  
3. Street Address Principal Business Office 50 Cabot St.  
4. Business Phone No. 781-449-7744  
5. State of Incorporation MASSACHUSETTS  
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Sales

City Needham State MA Zip 02492  
6. SIC Code 5702

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

President Name Jonathan B Penn  
Street Address 1 MASON St.  
City Brookline State MA Zip 02446

Vice-President Name Gregory Malloy  
Street Address 8 Barnbridge Circle  
City Framingham State MA Zip 01701  
Treasurer Name Richard H Penn  
Street Address 85 Sealand Rd  
City Newton State MA Zip 02459

Secretary Name Jonathan B Penn  
Street Address 1 MASON St  
City Brookline State MA Zip 02446

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

Director Name Jonathan B. Penn  
Street Address 1 MASON ST  
City Brookline State MA Zip 02446

Director Name Richard Penn  
Street Address 85 Sealand Rd  
City Newton State MA Zip 02459

Director Name Gregory Malloy  
Street Address 8 Barnbridge Circle  
City Framingham State MA Zip 01701

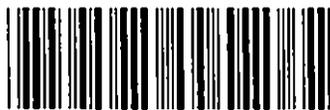
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	3,000	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 2 3 9 4 3 \*

File Date: 3.3.03  
SOLS  
Check No.:  
By: UP

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 Gregory Malloy Date 2/27/03  
Print or Type Name of Officer Gregory Malloy  
Title of Officer CEO & Director