RI SOS Filing Number: 202035701000 Date: 3/2/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000124721	SENTINEL INSURANCE AGENCY, INC.			
3. Principal Office Address		City	State	Zip
100 QUANNAPOWITT PKWY, SUITE 300		WAKEFIELD	MA	10880
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210 Insurance Agencies	SELLING OF INSURANCE TITLE: 7-1.1			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ROBERT DIMASE			JAMES M CARNEVALE		
Street Address			Street Address		
1681 CENTRAL AVENUE			235 OLD CART WAY		
City / State / Zip			City / State / Zip		
NEEDHAM	MA	02194	NORTH ANDOVER	MA	01845
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
PATRICK O'GARA					
Street Address			Street Address		
875 3RD AVENUE					
City / State / Zip			City / State / Zip		
NEW YORK	NY	10022			
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,966	COMMON	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
Patrick O'Gara	2/28/20

Signature of Authorized Representative: Patrick O'Gara

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 02 2020
BY On F6H7B
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FORM 630 - Revised: 10/2017