



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

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2020 MAR -2 P 12:03

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 000124721		2. Exact name of the Corporation SENTINEL INSURANCE AGENCY, INC.			
3. Principal Office Address 100 QUANNAPOWITT PKWY, SUITE 300			City WAKEFIELD	State MA	Zip 10880
4. NAICS Code 524210 Insurance Agencies		6. Brief description of the character of business conducted in Rhode Island 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 ROBERT DIMASE			Vice-President Name JAMES M CARNEVALE		
Street Address 1681 CENTRAL AVENUE			Street Address 235 OLD CART WAY		
City NEEDHAM	State MA	Zip 02194	City NORTH ANDOVER	State MA	Zip 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 PATRICK O'GARA			Director Name		
Street Address 875 3RD AVENUE			Street Address		
City NEW YORK	State NY	Zip 10022	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			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 Patrick O'Gara					Date 2/28/20
Signature of Authorized Representative <i>Patrick O'Gara</i>					

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

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BY *Ch FGH7B*
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FORM 630 - Revised: 10/2017