

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 I • Fili | ng Fee: \$50.00 | | | |
|--|---------------------------------------|---|--|--|---------------------------------------|
| (FORM MUST BE TYPED IN B | | | | | |
| I Corporate ID No. | 2. Name of Corporat | | | | |
| 6956 | ľ | rance Agency, Inc. | | | |
| 3. Street Address Principal Busin | ess Office | | City | State | Zip |
| 115 HIGH STREET | | | WESTERLY | RI | 02891 |
| 4. Business Phone No. 4015962096 | | 5. State of Incorporation RHODE ISLAN | | | 6. SIC Code 5702 |
| 7. Brief Description of the Chara | ister of Pusiness Condu | : | | | |
| INSURANCE AGENCY | | | | | |
| 8. NAMES AND ADDRESS President Name | SES OF THE OFFIC | ERS ("X" BOX FOR A | Vice President Name | | TTACHMENTS |
| binda bunghi | | | Margaret M. bo | ngolucco | |
| Street Address | | | Street Address | | |
| 1 Raintree Lane | | | · 151 Alton-Brad | ~ | |
| <i>City</i> Ashaway | State RI | Zip | City | State | Zip |
| Secretary Name | KI | 02804 | Bradford Treasurer Name | RI | 02808 |
| Anita T. Mansfield | <u> </u> | | Richard F. Mans | sfield | |
| Street Address | | · | * Street Address | | · · · · · · · · · · · · · · · · · · · |
| 294 Shore Road | | | .294 Shore Road | | |
| City | State | Zip | City | State | Zip |
| Westerly | RI | 02891 | .Westerly | RI | 02891 |
| 9. NAMES AND ADDRESS Director Name | SES OF THE DIREC | CTORS ("X" BOX FOR | Director Name | SPACES BEFORE USING | ATTACHMENTS |
| Street Address | · · · · · · · · · · · · · · · · · · · | *************************************** | - Street Address | | |
| City | State | Zip | *City | State | Zip |
| Director Name | 1 | | Director Name | | J |
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| Sircei Address | | | ·Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | D ("X" BOX FOR AT | TACHMENT) | 11. SHARES ISSUED (" JISSUED SHARES | X" BOX FOR ATTACHMEN | תיי |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 COMM NO PAR V | /ALUE | | 200 | common | No Par Value |
| | · - | | | | |
| This report must be signed | d in ink by either | the President, Vice i | l President, Secretary, Assi | stant Secretary, Treas | urer, Receiver or Trustee |
| 6 9 5 | 6 | | Under penalty of pe | rjury, I declare and affirm | that I have examined |
| *6956 DBC 01/31/05 1; | 1:26:42 AM* | | this report, includin | g any accompanying sched nts contained herein are tru | dules and statements, |
| | 067 | | Signature of Officer | | Date |
| Check No. | 7 | | Linda Lung | | |
| $B_{Y'}$ | Λ | 1 | Print or Type Name of | (Officer | |
| | <u> </u> | 1 | President | | |
| FOR SECRETARY OF STATE | USE UNIX | | Title of Officer | | Form 630 12/01 |
| | | | | | |

115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060 Insurance • Bonds • Annuities • IRA's

800/884-1555 www.mansfieldins.com

Real Estate Affiliate
R.F. Mansfield & Associates

Attachment to Profit Corporation Annual Report for the Year 2005

Corporate IDNo. 6956

8. Names and Addresses of the Officers (Attachment)

Vice President:

Garry D. Mansfield 15 Fairview Drive Pawcatuck, CT 06379

> FILED FEB 0 1 2005 By DA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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 OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 6956 Mansfield Insurance Agency, Inc. 3. Street Address Principal Business Office 115 High Street 02891 Westerly RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-596-2096 RHODE ISLAND 5702 7. Brief Description of the Character of Business Conducted in Rhode Island **INSURANCÉ AGENCY** 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Linda-Lunghi Margaret-M.—Longolucco Street Address Street Address 151 Alton-Bradford Road 1 Raintree Lane State State 02804 RŢ Ashaway Bradford 02808 Secretary Name Treasurer Name <u>Anita T. Mansfield</u> Richard F. Mansfield Street Address Street Address <u>294 Shore Road</u> 294 Shore Road State Zip State Ζip Westerly 02891 02891 Westerly RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address CIIV State Zip State Zip Director Name Street Address Street Address City State Zip State Zip10. 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/Scries Par Value 1,000 COMM NO PAR VALUE 200 No Par Value common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 File Date Check No.

115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060

Insurance • Bonds • Annuities • IRA's

800/884-1555 www.mansfieldins.com

Real Estate Affiliate
R.F. Mansfield & Associates

Attachment to Profit Corporation Annual Report for the Year 2004

Corporate ID No. 6956

8. Names and Addresses of the Officers (Attachment)

Vice President:

Garry D. Mansfield 15 Fairview Drive Pawcatuck, CT 06379



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| STOP PLEASE READ INSTRUCTIONS |
|-------------------------------------|
| INSTRUCTIONS |

| Street Address One City State 10. SHARES AUTHORIZED (*X* BOX AUTHORIZED SHARES Number of Shares Class/Se 1,000 COMM NO PAR VALUE | | City 11. SHARES ISSUED ESTATED SHARES Number of Shares | State (*X* BOX FOR ATTACHMEN' Class/Series COMMODS | Zip T) Par Vaiue No Par Value |
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| City State 10. SHARES AUTHORIZED (*X* BOX | · | Street Address City 11. SHARES ISSUED | | |
| | ZIP | Street Address | State | Zip |
| Street Address One | | | | |
| | | | | |
| Director Name | | Director Name | • | |
| City State | Zip | City | State | Zip |
| none Street Address | | none Street Address | | |
| 9. NAMES AND ADDRESSES OF TI | HE DIRECTORS ("x" BOX FOR | ATTACHMENT) FILL IN SPA | CES BEFORE USING ATT | ACHMENTS |
| City State | Zip | City | State | Żip |
| Street Address | | none Street Address | | |
| Ashaway RJ Secretary Name | 02804 | Bradford Treasurer Name | RI | . 02808 |
| 1 Raintree Lane | ZIp | 151 Alton-Bra | dford Road | Zip |
| Frinda - Lunghi | | Margaret-ML | ongolucco | |
| Insurance Agency 8. NAMES AND ADDRESSES OF TI President Name | HE OFFICERS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE Vice President Name | S BEFORE USING ATTAC | CHMENTS |
| 401-596-2096 7. Brief Description of the Character of Business C | RHODE ISLA Conducted in Rhode Island | ND | | 5702 |
| 115 High Street | 5. State of Incorporat | westerly | RI | 02891 6. SIC Code |
| 6956 Mar 3. Street Address Principal Business Office | nsfield Insurance Agency, Inc. | City | State | Zip |
| (FORM MUST BE TYPED OR PRINTED IN BLACK 1. Corporate 1D No. 2. Name | () of Corporation | | | |
| PROFIT CORPORAT Filing Period: January 1-March | | | IE YEAR <u>200</u> | PLEASE READ INSTRUCTIONS |



File Date:

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

| Mangasi Signature of Office | y n. | . // | luca | 2/24/03 |
|--------------------------------|------|------|------|---------|
| Signature of Officer MOCOLOGE | | , , | Date | |

Title of Officer

<**○** 5

Famil 630 12/02

115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060 Insurance • Bonds • Annuities • IRA's

E-Mail Address info@mansfieldinsurance.com

Real Estate Affiliate R.F. Mansfield & Associates

CORPORATE ID NO. 6956

-8:-NAMES-AND-ADDRESSES-OF-THE-OFFICERS-(ATTACHMENT)-

VICE PRESIDENT:

Garry D. Mansfield 115 High Street Westerly, RI 02891

VICE PRESIDENT:

Frank D. Mansfield 23 Railroad Avenue Westerly, RI 02891



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040



| (FORM MUST BE TYPED IN BLAC | CK) | | | | INSTRUCTION |
|---|-------------------|--|--|------------------------|------------------------------|
| 1. Corporate ID No. | 2. Name of Corpor | ation – •. | | | |
| 6956 | Mansfield i | nsurance Agency, Inc. | | | |
| 3. Street Address Principal Business (| Office | . | Člty | State | Zip |
| 115 High Street 4. Huslness Phone No. 401-596-2096 | | 5. State of Incorporation RHODE ISLAND | Westerly | RI | 02891 6. SIC Code 5702 |
| 7. Brief Description of the Character Insurance Agency | | in Rhode Island | | | |
| 8. NAMES AND ADDRESS | | ICERS ("X" BOX FOR ATTACH | MENT) XFILL IN SPACE Vice President Name | S BEFORE USING ATTA | CHMENTS |
| Linda-Lunghi | | ······································ | Margaret M. Lo | _ | |
| 1 Raintree Lane | | | 151 Alton-Brac | fford Road | |
| City | State | Zip | · City | State | Zip |
| Ashaway Secretary Name | RI | 02804 | Bradford Treasurer Name | RI | . 02808 |
| Anita T. Mansfiel | .d | | Richard F. Ma | ansfield | |
| 294 Shore Road | | | 294 Shore Roa | ad | |
| City Westerly | State | Zip | City | State | Zip |
| - | RI | 02891 | Westerly: | RI | 02891 |
| 9. NAMES AND ADDRESS Director Name | ES OF THE DIR | ECTORS ("X" BOX FOR ATTAC | | CES BEFORE USING ATT | ACHMENTS |
| none. | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name NONE | | *** * *** ***** ***** | Director Name | | |
| Street Address | | | none Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED NUTHORIZED SHARES | ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMEN | τ) |
| Number of Shares | Class/Series | Par Volue | Number of Shares | Class/Series | Par Value |
| | 115 | | | | |
| 1,000 COMM NO PAR VAL | UE . | | 200 | | |

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



| File Date: | 2-28-02 | |
|--------------|---------------------|--|
| Check No.: | 28322 | |
| Ву: | <u></u> | |
| FOR SECRETAR | Y 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.

| Manghut Signatura of Olygo | m. L | S OSCAL | lucca | 7/2 | 2/02 |
|-------------------------------|------|------------|-------|-----|------|
| Signature of Officer | | تعوينا | Date | 7- | 7 |

| | _ |
|-----------------------------|------------|
| Margaret M. | 1000011000 |
| Julia y al Cr / VI | <u> </u> |
| rint or Tak Name of Officer | <u> </u> |

President

Fr 630 17/01



115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060 Insurance • Bonds • Annuities • IRA's

E-Mail Address info@mansfieldinsurance.com

Real Estate Affiliate R.F. Mansfield & Associates

CORPORATE ID NO. 6956

-8: NAMES AND ADDRESSES OF THE OFFICERS (ATTACHMENT)

VICE PRESIDENT:

Garry D. Mansfield 115 High Street Westerly, RI 02891

VICE PRESIDENT:

Frank D. Mansfield 23 Railroad Avenue Westerly, RI 02891



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Însurance Agency, Inc.

| Filing Period: January 1-March 1 | • | Filing Fee: \$50.00 |
|----------------------------------|---|---------------------|
| (CORM MIST BE TYPED IN REACK) | | |

3. Street Address Principal Business Office State ZIp RI02891 115 High Street Westerly 4. Business Phone No. * 5762° RHODE ISLAND 401-596-2096 7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name -Margaret-M.—Longolucco ·Linda-Lunghi-Street Address Street Address 151 Alton-Bradford Road 1 RaintreetLane City Zio City State Z.Ip RI 02804 Bradford RI · 02808 Ashaway Treasurer Name Secretary Name Anita T. Mansfield Richard F. Mansfield Street Address Street Address 294 Shore Road 294 Shore Road City Zip City State Westerly RI 02891 Westerly 02891 FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name none none Street Address Street Address City State Zip City State Zip Director Name Director Name none None Street Address Street Address City State Zip City ZIp State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares 1000 SHS NO PAR COM

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

200



File Date: Check No. 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 age true and correct.

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| Print of 1999 Na | ine of Officer | |
|------------------|----------------|--|
| 1/ | 0 | |
| VICE | President | |
| Title of Officer | | |

No Par Value



115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060 Insurance • Bonds • Annuities • IRA's

E-Mail Address info@mansfieldinsurance.com

Real Estate Affiliate
R.F. Mansfield & Associates

CORPORATE ID NO. 6956

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VICE PRESIDENT:

Garry D. Mansfield

115 High Street

Westerly, RI 02891

VICE PRESIDENT:

Frank D. Mansfield

23 Railroad Avenue

Westerly, RI 02891



401-596-2096
7. Brief Description of the Character of Business Conducted in Rhode Island

2. Name of Corporation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

RI

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

Insurance Agency

1 Raintree Lane . State

Linda-Lunghi

FOR SECRETARY OF STATE USE ONLY

Ashaway

115 High Street

4. Business Phone No.

1. Corporate ID No.

President Name

Street Address

Secretary Name

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

Zip

02808

5702

State

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

RI

Margaret M. Longolucco

city 151 Alton-Bradford Road

Vice President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

Westerly

Bradford

Treasurer Name



| | | | | |
|----------------------------------|---|---------------------|------|------|
| Illing Period: January 1–March 1 | • | Filing Fee: \$50.00 | | |

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02804

Mansfield Insurance Agency, Inc.

| Anita T. Mansfi | eld | | Richard F. Mansf | ield | |
|---|------------------------|---------------------------------|--|---|-----------------------|
| city 294 Shore Road | State | Zip | 294 Shore Road | State | Zip |
| Westerly 9. NAMES AND ADDRESS Director Name | RI ES OF THE DIRECT | 02891 ORS (*X* BOX FOR ATTAC | Westerly CHMENT) FILLIN SPACES B Director Name | EFORE USING ATTACH | 02891 MENIS |
| NONE Street Address | | | none Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | • • | | Director Name | | |
| NONE Street Address | | | none Street Address | | |
| City | State | Zip . | City | State | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | (*X* BOX FOR ATTACH | MENT) | 11. SHARES ISSUED ("X") | BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1000 SHS NO PAR C | OM | | 200 | common | No Par Value |
| This report must be signe | d in ink by either | the President, Vice P | resident, Secretary, Assista | nt Secretary, Treasurer | , Receiver or Trustee |
| * 6 | 956* | | • • • • | y, I declare and affirm th ny accompanying schedul | |
| File Date: 2/14/0 25959 | ٥ | | | M. Songolu and | |
| Check No.: | | | Margaret M. I. Print or Type Name of Officer | | |

115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096 Fax 401/348-2060

Insurance • Bonds • Annuities • IRA's

E-Mail Address info@mansfieldinsurance.com

Real Estate Affiliate R.F. Mansfield & Associates

CORPORATE ID NO. 6956

NAMES AND ADDRESSES OF THE OFFICERS (ATTACHMENT)

VICE PRESIDENT:

Garry D. Mansfield 115 High Street Westerly, RI 02891

VICE PRESIDENT:

Frank D. Mansfield 23 Railroad Avenue Westerly, RI 02891



James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| 6956 | 2. Name of Corpo Manafield | Insurance Agency, | Inc. | | |
|-------------------------------------|---|---|---------------------------|--------------------------|---|
| . Street Address Principal Business | | | City | State | |
| 115 High | Street | | Westerly | RI | 02891 |
| . Business Phone No. | Derect | 5. State of Incorpora | tion | | 6. SIC Code |
| 401-596-2 | 2096 | ' RHODE ISL | AND | | 5702 |
| Brief Description of the Characte | r of Business Conducted | d in Rhode Island | | · | |
| - Insurance | Agency | | | | |
| NAMES AND ADDRES | SES OF THE OF | FICERS ("X" BOX FOR AT | TACHMENT) X FILL IN SPACE | S BEFORE USING ATTA | CHMENTS |
| | | | . Vice Frestaent Name | | |
| Linda Lunghi | | | : Margaret M. Lo | ongolucco | |
| | | | : | afau a par a | |
| 1 Raintree Lane | State | · Zip | 151 Alton-Brac | State | |
| .Ashaway | ŔI | . 02804 | Bradford | RI | 02808 |
| cretary Name | | | : Treasurer Name | IQ. | |
| Anita T. Mansfie | eld | | Richard F. MA | nsfield . | |
| reet Address | · | | Street Address | | |
| 294 Shore Road | | | 294 Shore Road | 3 ′ | · • |
| ity | State | Zip | City | State : | Zip |
| Westerly_ | RI | 02891 | Westerly | RI | , 02891 |
| NAMES AND ADDRES | SES OF THE DIE | RECTORS ("X" BOX FOR | ATTACHMENT) FILL IN SPACE | ES BEFORE USING AT | TACHMENTS |
| TELLO INUME | | | Director Name | ` | |
| none | | · | None | ···· | - · · · · · · · · · · · · · · · · · · · |
| | | | Street Address | | |
| ry | · State | Zip | City | State | |
| | 1 | , | 5.17 | 1 | Zip |
| rector Name | *************************************** | • | Director Name | | |
| None | | | None | | |
| reet Address | | | Street Address | | |
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| ty | State 1 | Zip | City | State | Zip |
| \ CHAÑES ANTHÓNISE | _=, -= | } • • • • • • • • | | | |
| D. SHARES AUTHORIZE | D ("X" BOX FOR AT | TACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMEN | (1) |
| imber of Shares | Class/Series | <u> </u> | ESUED SHARES | c | |
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| | | | | | |
| | | | | sistant Secretary, Treas | |

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. File Date: . Managard Signature of Sofficer Check No.: Margaret M. Longolucco
Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Vice President

Title of Officer

115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096

Insurance • Bonds • Annuities • IRA's

Fax 401/348-2060

Real Estate Affiliate

R. F. Mansfield & Associates

CORPORATE ID NO. 6956

8. NAMES AND ADDRESSES OF THE OFFICERS

(ATTACHMENT)

VICE PRESIDENT:

Garry D. Mansfield

115 High Street Westerly, RI 02891

VICE PRESIDENT:

Frank D. Mansfield 23 Railroad Avenue Westerly, RI 02891

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT GORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Persod: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE | TYPED IN BLACK) | |
|---------------|-----------------|--|

| . Corporate ID No. | 2. Name of Corporat | lon | • | | |
|---|--------------------------|---------------------------|-----------------------------|--------------------------|----------------------|
| 6956 . Street Address Principal Business | Mansfield In | surance Agency, Inc. | City | State | Zip |
| 115 High Stre | et | S. State of Incorporation | Westerly | RI | 02891 6. SIC Code |
| 401-596-2096 Brief Description of the Character | of Business Conducted in | RHODE ISLAND | • | | 5702 |
| Insurance Agency B. NAMES AND ADDRES President Name | SES OF THE OFFI | CERS (*X* BOX FOR ATTACH | MENT) · Vice President Name | • | |
| Linda Lunghi | | | Margaret Longo | lucco | |
| itreet Address | | | Street Address | rucco | · |
| 1 Raintree Lane | State | Zip | 151 Alton-Brad | ford Road | Zip |
| Ashaway Secretary Name | RI | 02804 | Bradford Treasurer Name | RI | <u>0</u> 2808 |
| Anita T. Mansfie | ld | | Richard F. Man | sfield | |
| 294 Shore Road | | | 294 Shore Road | | |
| City | State | Zip | City | State | Zip |
| Westerly | RI | 02891 | Westerly | RI | 02891 |
| 9. NAMES AND ADDRES Director Name | SSES OF THE DIRI | ECTORS (*X* BOX FOR ATTA | CHMENT) Director Name | | |
| None Street Address | - | | None Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | . •• |
| None | | | None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | ED (*x* box for att | ACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| フ | | | | | |
| 1000 SHS NO PAR (| COM | | 200 Shares | Common | NO PAR VALUE |

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

| File Date: | 2.27.98 Ai | |
|--------------|-----------------------|--|
| Check No.: _ | 2334/// | |
| Ву: | 10P /H/ | |
| FOR SECRET | ARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 2/26/98

Linda Lunghi

Print or Type Name of Officer

President

Title of Officer

McGOVERN'S FLOOR COVERING, INC. Corporate No. 8889

Officers Continued:

Sandra McGovern - Assistant Vice President 27 Haborview Avenue -Bristol-,-RI-02809-----

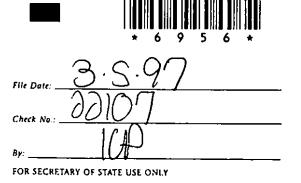


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

| Filing Period: Jan | uary 1-March 1 • | Filing Fee: \$50.0 | 0 | • | INSTRUCTIONS |
|--|--------------------|-----------------------|--------------------------------|--------------|--------------|
| (FORM MUST BE TYPED I | N BLACK) | | | | COMPLETING |
| 1. Corporate ID No. | 2. Name of Corpore | Iflon - | - | | |
| 6956 3. Street Address Principal Bu | Mansfield | Insurance Agenc | y, Inc. | State | ZIP |
| 115 High Stre | et | | Westerly | RI | 02891 |
| 4. Business Phone No. | | 5. State of Incorpora | • | 114 | 6. SIC Code |
| 401-596-2096 | 1 | RHODE IS | I AND | | <i>5</i> 702 |
| Insurance A | - | in Rhode Island | | | |
| 8. NAMES AND ADI | PRESSES OF THE OFF | ICERS ("X" BOX FOR AT | TACHMENT) XX | • | |
| President Name | | | Vice President Name | | |
| Linda Lunghi | | | Margaret Longo | olucco | |
| 1 Raintree La | ne | | Street Address 151 Alton-Brace | lford Road | |
| City | State | Zip | City | State | Zip |
| Ashaway | RI | 02804 | Bradford | RI | 02808 |
| Secretary Name | C1 7.3 | | Treasurer Name | | |
| Anita T. Mans: | ileId | | Richard F. Mar | nsfield | |
| Street Address 294 Shore Road | a | | Street Address | | |
| City Shore Road | | | 294 Shore Road | | |
| Westerly | State RI | Zip 02901 | City | ' State | ZIp |
| • | | 02891 | Westerly | RI | 02891 |
| 9. NAMES AND ADL | PRESSES OF THE DIR | ECTORS (*X* BOX FOR | ATTACHMENT) Director Name | | |
| None | | | None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name None | • | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Ζίρ |
| 10. SHARES AUTHO: | RIZED AND ISSUED (| "X" BOX FOR ATTACHME | | | |
| Number of Shares | Class/Series | Bas Value | ISSUED SHARKS | | |
| The state of supplies | CIM337 JETIES | Par Value | Number of Shares | Class/Series | Par Value |
| 1000 SHS NO F | PAR COM | | 200 Shares | Common | NO PAR VALUE |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. 2/28/97 Date signature of Officer Linda Lunghi Print or Type Name of Officer President Title of Officer



115 High Street, Westerly, Rhode Island 02891

Phone 401/596-2096

Insurance • Bonds • Annuities • IRA's

Fax 401/348-2060

Real Estate Affiliate
R. F. Mansfield & Associates

CORPORATE ID NO. 6956

8. NAMES & ADDRESSES OF THE OFFICERS (ATTACHMENT)

Vice President: Garry D. Mansfield

115 High Street Westerly, RI 02891

Vice President: Frank D. Mansfield

23 Railroad Avenue Westerly, RI 02891

ANNUAL REPORT

1996



State of Knode Island and Providence Plantations
James R. Langevin, Secretary of State

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

| CORPORATE ID NO. | 2. HAVE OF CORPORAT | PLEASE TYPE O | | | | |
|--|---|--|---|--|------------------|--|
| 6956 | 1 | | _ | | | |
| TREET ADDRESS PRINCIPAL BUSINESS | man: | Mansfield Insurance Agency, Inc. | | | | |
| | | | | STATE | ZIP CODE | |
| 115 High St | reet | | Westerly | ! RI | 02891 | |
| USINESS PHONE NO. | | 5. STATE OF INCORPORATION | | | 6 SIC CODE | |
| 596-2096 | | RHODE | ISLAND | | | |
| REF DESCRIPTION OF THE CHARACTER | OF BUSINESS CONDUCTED IN RO | 100E ISLAVIO | | | | |
| Insurance | | | | | | |
| | | IAMEE AND ADD | | a : | | |
| SIDENT HAVE | | AMES AND ADD | RESSES OF THE OF VICE PRESIDENT HAME | FICERS | | |
| Richard F. ! | Mansfield | | Linda Lunghi | | | |
| EET ADORESS | | | STREET ADDRESS | | | |
| 294 Shore Re | oad | | RD 1 Box 43 | 37 | | |
| | STATE | ZIP C00E | COTY | STATE | 7P 001E 02894 | |
| Westerly | RI | 02891 | Ashaway | RI | 02894 | |
| RETARY NAME Anita T. Maj | nofic]d | | TREASURER NAME | of all | | |
| | usijeja | | Richard F. Man | sileid | | |
| RET ADDRESS | | | | STREET ADDRESS | | |
| 204 Shara D | UMI | | same | | | |
| 294 Shore R | | | | | | |
| Westerly | STATE RI | 02891 | RESSES OF THE DI | R E C T O R S | Zº COOE | |
| Westerly | STATE RI | 02891 | RESSES OF THE DI | | Z° C00€ | |
| Westerly CTOR NAME - | STATE RI | 02891 | RESSES OF THE DI | | Ζο COO€ | |
| Westerly cross name | STATE RI | 02891 | RESSES OF THE DI | | <u>Σ</u> ρ C00€ | |
| Westerly COOR NAME - CET ADDRESS | STATE RI 9 . A | 02891 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS | RECTORS | | |
| Westerly CTOR NAME - | STATE RI 9 . A | 02891 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS | RECTORS | | |
| Westerly COOR NAME - CET ADDRESS | STATE RI 9 . A | 02891 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME | RECTORS | | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE RI 9 . A | 02891 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS | RECTORS | | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE RI 9 . A | 02891 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME | RECTORS | | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE RI | O2891 IAMES AND ADD ZP CODE | RESSES OF THE DI ORECTOR NAME STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS | R E C T O R S | ZIP COD€ | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE STATE STATE | O2891 ZP CODE | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY | R E C T O R S | ZIP COD€ | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE STATE STATE | O2891 ZP CODE ZP CODE S M A R E S A U T H O 1 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DRECTOR NAME STREET ADDRESS CITY | RECTORS STATE | ZIP COD€ | |
| Westerly CTOR NAME CTOR NAME CTOR NAME | STATE RI STATE | O2891 ZP CODE ZP CODE S M A R E S A U T H O 1 | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY | R E C T O R S | ZIP COD€ | |
| Westerly CTOR NAME CTOR NAME CTOR NAME CTOR NAME MUMBER OF SHARES | STATE STATE STATE STATE 1 0 AUTHORIZED SHARES CLASS/SER'ES | O2891 IAMES AND ADD ZPCODE SHARES AUTHOSS | RESSES OF THE DIORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY RIZED AND ISSUED | RECTORS STATE STATE ISSUED SHARES | ZIP COOK | |
| Westerly CTOR NAME CTOR NAME CTOR NAME CTOR NAME MUMBER OF SHARES | STATE STATE STATE 1 0 . AUTHORIZED SHARES | O2891 IAMES AND ADD ZPCODE SHARES AUTHOSS | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY RIZED AND ISSUED MIJBER OF SHARES | STATE STATE STATE ISSUED SHARES CLASS/SERIES | ZIP COOE | |
| Westerly CTOR NAME CTOR NAME CTOR NAME CTOR NAME MUMBER OF SHARES | STATE STATE STATE STATE 1 0 AUTHORIZED SHARES CLASS/SER'ES | O2891 IAMES AND ADD ZPCODE SHARES AUTHOSS | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY RIZED AND ISSUED MIJBER OF SHARES | STATE STATE STATE ISSUED SHARES CLASS/SERIES | ZIP COOK | |
| Westerly CTOR NAME CTOR NAME CTOR NAME CTOR NAME MUMBER OF SHARES | STATE STATE STATE STATE 1 0 AUTHORIZED SHARES CLASS/SER'ES | O2891 IAMES AND ADD ZPCODE SHARES AUTHOSS | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY RIZED AND ISSUED MIJBER OF SHARES | STATE STATE STATE ISSUED SHARES CLASS/SERIES | ZIP COOK | |
| Westerly CTOR NAME CTOR NAME CTOR NAME CTOR NAME MUMBER OF SHARES | STATE STATE STATE STATE 1 0 AUTHORIZED SHARES CLASS/SER'ES | O2891 IAMES AND ADD ZPCODE SHARES AUTHOSS | RESSES OF THE DI ORECTOR NAME STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY RIZED AND ISSUED MIJBER OF SHARES | STATE STATE STATE ISSUED SHARES CLASS/SERIES | ZIP COOK | |

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.

File Date:

7/13/9/ 2082/

Check No:

By:

For Secretary of State Use Only



Signature of Officer

Print or Type Name of Officer

Tresident

113/96

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State . 100 North Main Street . Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

| all entries must be completed in full or the fo | ORM WILL BE RETURNED. |
|---|-----------------------|
|---|-----------------------|

| Corporate ID: | Annual Report for the year:1995 |
|---|--|
| Name of Corporation:Mansfield Insura | |
| Business entity organized under the laws of the State of: Rhode I For foreign entity, address and telephone number of principal office: Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 115 High Street Westerly, Rhode Island 02891 | Business Entity is (check one): [X Business Corporation (See RIGL Chapter 7-1.1) [|
| Phone: (401) 596-2096 | |
| PRESIDENT THE NAME | S OF THE OFFICERS ARE: |
| D! 1 | ore Road Westerly, Rhode Island 02891 |
| Linda Lunghi RD 1 Bo | STREET ADDRESS CITY/STATE ZIP CODE |
| Anita T. Mansfield 294 Sho | re Road Westerly, Rhode Island 02891 STREET ADDRESS CITY/STATE ZIP CODE |
| THE NAMES | OF THE DIRECTORS ARE: |
| SAME THE NAMES | TIREET ADDRESS CITY/STATE ZIP CODE |
| NAME. | TREET ADDRESS CITY/STATE ZIP CODE |
| NAME | TREET ADDRESS CITY/STATE ZIP CODE |
| SUMBER OF SHARES AUTHORIZED (Rider may be attached) | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |
| Number of Shares Class / Series 1000 common nopar value | Number of Shares Class / Series |
| Date January 23 . 19 95 | By Carlord - Many ld , Sound PRINT OR TYPE LONG OF OUTCER SIGNING ITTLE OF OFFICER SIGNING |
| DESIGNATED REGISTER | ED AGENT FOR SERVICE OF PROCESS: |

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD F. MANSFIELD 115 HIGH ST. WESTERLY RI 00000 JAN 50 1995 By DOL 19594 iling Fee \$50.00 ayable to: ecretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence. Rhode Island 02903-1335
401-277-3040

| | 401-277-3040 | | 1994 | |
|---|---------------------------------|-------------------------------|--|--------------------|
| 0006956 | Annua | Report for the y | year: | חר |
| rporate ID: | 1 | Mansfield | Insurance Agency, I | |
| ame of Business Entity: | | | Last and | |
| Rhode | Island B | usiness Entity is (c | · /can piGL Chapter /- b. | 1) |
| siness entity organized under the laws of the State of: | | (x) Busines | s Corporation (Sec RIGL Chapter 7-1.1) ional Service Corporation (Sec RIGL C | hapter 7-5.1) |
| deral Taxpayer Identification Number: | | [·] Protessi | Liability Company (Sec RIGL 7-16) | |
| or foreign entity, address and telephone number of principal office | c c : | Limited | iling address of contact person to whon | ١ |
| r foreign entity, address and telephone | <u> </u> | The second second in | ลง โดยปฏิเดียเรีย | · |
| | \ | Richard | F. Mansfield | |
| | | 115 High | Street | |
| | | Westerly | , RI 02891 | |
| Phone: () | | | | |
| Address and telephone of the principal office of business entity in | n Rhode | | the character of business conducted in | Rhode Island: |
| Island (Provide street address - Not F.O. Box). | \ | Brief statement of Insuran | Ce | |
| 115 High Street | | | | |
| Westerly, Rhode Island 02891 | | | 10/15/71 | |
| MESICITI TOTAL | | Date of Organiza | tion: 10/15/71 Phode Island (if | foreign entity): |
| (401) 596–2096 | | Date of Qualifica | ntion to do business in Rhode Island (if | |
| Phone: (401) 590-2090 | | | | |
| | E NAMES OF THE | OFFICERS AR | RE: | NIB CO |
| THE | STREET ADDRES | S S | CITYISTATE | 02891 |
| CHIEF EXECUTIVE OFFICER OR PRESIDENT (Ored One) | 294 Shore Road STREET ADDRES | | Westerly, Rhode Island | 02894 |
| Richard F. Mansfield 2 | RD 1 Box 437 | 55 | Ashaway, Rhode Island | |
| Linda Lunghi Custodian OF RECORDS OR SECRETARY (Check One) | STREET ADDRE | SS | CITY/STATE | 02891_ |
| CUSTODIAN OF RECORDS OR SECRETARY (Check One) | 294 Shore Road | L | Westerly, Rhode Island | ZIVC |
| TREASURER (CIRCLE OFF) | STREET ADDRE | SS | | |
| Richard F. Mansfield | E NAMES OF THE | DIRECTORS | ARE: | 7,17 |
| THE | E NAMES OF THE | PSS | CITY/STATE | |
| NAME | | | CILYSTATI | 7,10 |
| NAME | STREET ADDR | ESS | | 918 |
| Patricia | STREET ADD | IESS | CITYISTATE | |
| NAME | | | | الطمالات والمعادية |
| | | = = NUMBER OF S | HARES ISSUED AND OUTSTANDIN | NG (II Applicable |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | | | | |
| | | NUMBER 200 | | |
| NUMBER 1000 | | CLASS | | |
| CLASS | | common | | |
| common | | SERIES | . ນາງ ໄນເ ດ | |
| series no par value | | no par | | |
| PAR VALUE OR | | PAR VALUE O | | , |
| WITHOUT PAR | | <u> </u> | | |
| | | \wedge | T Manafull | |
| 1984 | Ву: | Unita | 1 Managell | |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 000000 | Annual Report for the y | ear <u>1993</u> |
|---|----------------------------------|---|--|
| FIRST: The name | of the corporation is | | e Agency. Inc |
| SECOND: It is inc | orporated under the laws of | Rhode Island | |
| THIRD: Character | of business, briefly stated, is | Insurance | |
| FOURTH: If foreig | n_corporation,-address-of-its-p | rincipal-office | |
| FIFTH: Business a | ddress in Rhode Island 115 | High Street, Westerly, RI | 02891 |
| Name | d addresses of its directors and | Officers: Address (including number | (Attach rider if necessary |
| Richard F. Man | sfield Director | 294 Shore Road, Westerly | , RI 02891 |
| Anita T. Mansf | ield Director | 294 Shore Road, Westerly | RL 02891 |
| ••••••••••••••••••••••••••••••••••••••• | Director | | , |
| Richard F. Man | sfield President | 294 Shore Road, Westerly | DT 00004 |
| Linda Lunghi | • | | |
| Anita T. Mansf | iald | ent RD 1 Box 437, Ashaway, | |
| Richard F Mon | Secretary | 294 Shore Road, Westerly | • |
| Richard F. Man | | 294. Shore Road, Westerly | , RI 02891 |
| SEVENTH: Numbe | r of Shares authorized: | | Par Value or statement that |
| No. of Shares | Class | Senes | shares are without par value |
| 1,000 | | | No Par Value |
| EIGHTH: Number | of Shares issued: | /TIB 0 8 1393 | Par Value |
| No. of Shares | Class | Series Control | or statement that shares are without par value |
| 200 | Common | • • | No Par Value |
| Dated January 25, | 1993 19 B | Mansfield Insurance Agency Name of Corporation) | , Inc. |
| (Report must be | signed by an officer) T | itle Prime | ,— / |

Form 31 1/85

To be filed annually between January 1st and March 1st 15933

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | | Annual Report for t | the year 1992 |
|-----------------------|------------------------------|--|--|
| | | | sunance Agency, Inc. |
| | | | |
| FOURTH: If foreign co | orporation, address of its p | | |
| Fifth: Business addre | | | esterly, RL 02891 |
| SIXTH: Names and ad | dresses of its directors and | | (Attach rider if necessary) |
| Richard F. Mansfie | ld Director | | Westerly, RI 02891 |
| Anita T. Mansfield | Director | • | Westerly, RI 02891 |
| | Director | | #00-00FX i. i. if F 070 i. i |
| Richard F. Mansfiel | | @ 20/s Share Read | Marka I DT 0000 |
| | | | Westerly, RI 02891 haway, RI 02804 |
| Anita T. Mansfield | Secretary | | |
| Richard F. Manafiel | • | <u>-</u> - | Westerly, RI 02891 |
| | | 294 Shore Road, | Westerly, RI 02891 |
| | Shares authorized: | PAID | Par Value or statement that |
| No. of Shares | Class | Jan 3°0° 1992 | shares are without par value |
| 1,000 | Common | SEC'Y OF STATE | No Par Value |
| Еіднтн: Number of S | hares issued: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 200 | Сопшоп | | No Par Value |
| Dated January 22, | | Mansfield Insurance Name of Corporation) | Agency, Inc. |
| (Report must be signe | d by an officer) T | itle frencht | |

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 0006956 | A | innual Report i | or the year | 1991 |
|--|---|-------------------|---------------------|--|---|
| FIRST: The name of the corporation is Manysfield | | | | กรษ <u>าลก</u> ย อ เ | Agency,Inc |
| SECOND: It is inco | orporated under the law of business, briefly state | s of Rhode I | sland ce | ······································ | |
| FOURTH: If foreig | n corporation, address | | | | |
| Fifth: Business a | ddress in Rhode Island | 115 High S | treet. RI 02 | 891 | |
| Sixth: Names an | d addresses of its direct | ors and officers: | Address (inc | (cluding number, street | Attach rider if necessary) |
| Richard F. Mans | field Dire | ctor294 | Shore Road, | Westerly | 11 02891 |
| Anita T. Mansf | | | | | II 02891 |
| | Dire | | | | |
| Richard F. Man | sfield Presi | ident294. | Shore Road. | Westerly | RI 02891 |
| Linda Lunghi | Vice | PresidentRD# | 1Вож. 437. | ,AshawayI | RI 02804 |
| Anita T. Mansf | ield Secr | etary 294 | Shore Road, | Westerly, | RI 02891 |
| Richard F. Man | sfield Trea | surer294. | Shore Road. | Westerly | RI 02891 |
| SEVENTH: Numb | er of Shares authorized: | | Seri e s | | Par Value or statement that shares are without par value |
| 1,000 | Common | | | No | Par Value |
| Eіднтн: Numbe | r of Shares issued: | | \sim | PAID | Par Value or statement that shares are without |
| No. of Shares | Class | | Senes | Ed 2 % 1881 | par value |
| 200 | Common | | / // | 'Y OF ST.No | Par Value |
| Dated January 15, | 19 .91 | Name of Co | field Insura | nce Agency. | Inc. |

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| orporate ID0008 | 555 | Annual Report for the year 1999 | | |
|---------------------|---------------------------------|---|---|--|
| FIRST: The name of | of the corporation is | Mansfield Insurance Asency, Inc. | | |
| SECOND: It is inco | rporated under the laws of | Rhode Island | | |
| THIRD: Character | of business, briefly stated, is | l, is | | |
| FOURTH: If foreign | a-corporation;-address-of-its-p | orincipal-office | | |
| FIFTH: Business ad | ldress in Rhode Island | 115 High Street, Westerl | ly, RI 02891 | |
| SIXTH: Names and | l addresses of its directors an | | (Attach rider if necessary | |
| Richard F. Mans | field Director | 394 Shore Road, West | terly, RI 02891 | |
| Anita T. Mansfi | eld Director | 294 Shore Road, Wes | terly, RI 02891 | |
| | Director | | | |
| Richard F. Mansfiel | .d President | 294 Shore Road, Wes | terly, RI 02891 | |
| Linda Lunghi | Vice Presic | lent RD #1 Box 437, Asl | haway, RI 02804 | |
| Anita T. Mansfield | Secretary | 294 Shore Road, Wes | terly, RI 02891 | |
| Richard F. Mansfiel | • | 294 Shore Road, Wes | terly, RI 02891 | |
| SEVENTH: Number | r of Shares authorized: | | Par Value or statement that shares are without | |
| No. of Shares | Class | Series | par value | |
| 1,000 | Common | | No Par Value | |
| Еіднтн: Number | of Shares issued: | , 3 | Of Par Value Of Statement that shares are without par value | |
| No. of Shares | Class | Series | of par value | |
| 200 | Common | હ ું (| No Par Value | |
| Dated January 23, | 19 | Mansfield Insurance Age (Name of Corporation) | ency, Inc. | |
| (Report must be | signed by an officer) | President Title | | |

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 5956 | Annual Report for the | 1989 year |
|----------------------|------------------------------|--|--|
| FIRST: The name o | f the corporation is | Mansfield Insurance | |
| Second: It is incor | porated under the laws of | f Rhode Island | |
| THIRD: Character of | of business, briefly stated, | is Insurance | ••••••••••••••••••••••••••••••••••••••• |
| FOURTH:—If-foreign- | -corporation-address-of-it | s principal-office | |
| FIFTH: Business add | dress in Rhode Island | 115 High Street, Westerly, | |
| SIXTH: Names and | addresses of its directors a | | (Attach rider if necessary) |
| Richard F. Mansfield | U Director | 348 Shore Road, Wester | rly, RI 02891 |
| Anita T. Mansfield | Director | 348 Shore Road, Wester | rly, RI 02891 |
| | Director | | |
| Richard F. Mansfield | lPresiden | 348 Shore Road, Wester | rly, RI 02891 |
| Linda Lunghi | Vice Pre | sident RD #1 Box 437, Ashawa | ny, RI 02804 |
| Anita T. Mansfield | Secretary | 348 Shore Road Wester | rly, RI 02891 |
| Richard F. Mansfield | • | 719 Chaire David Mantes | rly, RI 02891 |
| Seventh: Number | of Shares authorized: | | Par Value |
| No. of Shares | Class | PAID | or statement that shares are without par value |
| 1,000 | Common | SEC'Y OF STATE | No Par Value |
| Eighth: Number of | f Shares issued: | SEC'Y OF STATE | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 200 | Common | | No Par Value |
| Dated January 31, | 19 | Mansfield Insurar | ice Agency, Inc. |
| • | | (Name of Corporation) By Suhard & Mun | fly |
| (Report must be si | igned by an officer) | Title President | |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | | Annual Report for the year | | |
|--------------------|-------------------------------------|--|--|--|
| First: The nai | ne of the corporation is | Mansfield Insurance Agency, Inc. | | |
| Second: It is i | ncorporated under the laws of | Rhec | ie Island | |
| THIRD: Charac | ter of business, briefly stated, is | Insurance | | |
| FOURTH: If fore | eign_corporation,.address_of-its | principal office | | |
| FIFTH: Business | address in Rhode Island 115 | High Street, W _e sterly, R | I 02891 | |
| SIXTH: Names a | and addresses of its directors an | | (Attach rider if necessary) umber, street, zip code) | |
| Richard F. Mansfi | eld Director | 348 Shore Road, Weste | | |
| Anita T. Mansfiel | d Director | | rly, RI 02891 | |
| | Director | | | |
| | eld President | | rly, RI 02891 | |
| Linda Lunghi | Vice Presid | ent RD#1, Box 437, Ashawa | | |
| Anita Manage - 11 | Secretary | 348 Shore Road, Wester | | |
| Richard F. Mansfie | • | 348 Shore Road, Wester | | |
| SEVENTH: Numb | per of Shares authorized: | | Par Value Or statement that | |
| No. of Shares | Class | Series 200 | shares are without par value | |
| 1,000 | Common | JAN 20 1-23 | No Par Value | |
| Еіднтн: Numbe | r of Shares issued: | 920Y OF STATES | Par Value or statement that | |
| No. of Shares | Class | Series (%) | shares are without par value | |
| 200 | Common | Jr. B | No Par Value | |
| Dated January 18 | (| Mansfield Insurance Agenc Name of Corporation) By | y, Inc. | |
| (Report must b | | itle //// | | |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 6956 | •••••• | •••••• | Annual Re | port for the ye | ar 1987 |
|-------------------|-----------------------|------------------|------------------|---|---|
| First: The name | of the corporation | is Mans | sfield & Gingere | lla Agency. | Inc. |
| SECOND: It is inc | orporated under the | laws of | Rhode | [sland | |
| THIRD: Character | of business, briefly | stated, is | Insurance | ••••••••••••••••••••••••••••••••••••••• | ······· |
| FOURTH: If foreig | n corporation, add | ress of its pr | rincipal office | | |
| FIFTH: Business a | ddress in Rhode Isl | and 115 | High Street, | | RI 02891 |
| SIXTH: Names an | d addresses of its di | rectors and | | ess (including number | (Attach rider if necessary) |
| Richard F. Mansf | `ield I | Director | Shore Road | Westerly | , RI 02891 |
| Anita T. Mansfie | ld I | Director | Shore Road | . Westerly | , RI 02891 |
| | I | Director | ••••• | •••••• | |
| Richard F. Mansf | ield P | resident | Shore Road, | Westerly | . RI 02891 |
| Linda Lughi | V | ice Preside | | | |
| Anita Mansfield | | ecretary | Shore Road, | | |
| Richard F. Mansf | ield T | reasurer | Shore Road, | | *************************************** |
| Seventh: Numbe | r of Shares authoriz | æd: | | | Par Value |
| No. of Shares | Class | | Series | | or statement that shares are without |
| 1,000 | Common | PAI | | •. | par value |
| | | FEB 03 | | 140 | Par Value |
| EIGHTH: Number | of Shares issued: | - - - | | | Par Value or statement that |
| No. of Shares | Class SI | EC'Y. OF | STATE Series | | shares are with a par value |
| 200 | Common | | | No | Par Value |
| Dated January 30 | 1987 | 1) | ansfield & Gi | ngerella / | Agency, Inc. |
| | | B | 11/1/2 | Mag | tha |
| (Report must be | signed by an officer) | Ti | itle // // | , | ••••••••••••••••••••••••••••••••••••••• |

1

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID0935 |) | Annual Report f | or the year 1986 |
|------------------|----------------------------|---|---|
| First: The nam | e of the corporation is | | sgency, Inc. |
| SECOND: It is in | corporated under the law | s of Rhode Islan | ıd , |
| | | ed, is Insurance | |
| FOURTH: If fore | ign.corporation,-address o | | |
| FIFTH: Business | | 115 High Street, Wester | y, RI 02891 |
| Name | · · | rs and officers: | (Attach rider if necessary) |
| Richard F. | lansfield Direct | or Shore Road, Weste | rly, RI 02891 |
| Anita T. Mar | nsfield Direct | or Shore Road, Weste | rly, RI 02891 |
| | Direct | or | |
| Richard F. M | lansfield Preside | | |
| Linda Lunghi | ······ Vice P | residentRD# 1. Box 437. A | |
| Anita Mansfi | eld Secreta | | |
| Richard F. M | | | • |
| SEVENTH: Number | er of Shares authorized: | | Par Value |
| No. of Shares | i Ciass | Series | or statement that shares are without |
| 1,000 | | | par value |
| | 0022.0 | FFB 28 1986 | No par value |
| Eіднтн: Number | of Shares issued: | FEB 28 1986 | Par Value |
| No. of Shares | Class | 86 VV | or statement that shares are without |
| 200 | Common | Series PAII | par value |
| | | Ð | No par value |
| DatedJanuary 21, | 1986 | Mansfield & Gingerella (Name of Comporation) | Agency, Inc. |
| (Report must be | signed by an officer) | By Vice Title President | engki |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID6956 | | Annual Report for the year | ar1985 |
|---|----------------------------|--|---|
| First: The name of the corpo | ration isMansfi | eld.&Gingerella.Agency,I | nc., |
| THIRD: Character of business | , briefly stated, is | •••• | |
| | | incipal office | |
| FIFTH: Business address in R | hode Island11 | 5 High Street. Westerly. 1 | RI 02891 |
| SIXTH: Names and addresses | s of its directors and | | |
| Richard F. Mansfield | | Shore Road, Westerly, R | II. |
| *************************************** | Descident | Shore Road, Westerly, I | |
| Richard F. Mansfield | Secretary | Shore Road Westerly. | RI. |
| William F. Gingerella SEVENTH: Number of Sha | | Series | Par Value or statement that shares are without par value |
| No. of Shares | Common | | No par value |
| EIGHTH: Number of Shar | es issued: | Series | Par Value or statement that shares are without par value |
| No. of Shares | Common | PR | No par value |
| Dated February 28 | 19 <u>85</u> IVED MAR 1 | Mansfield & Gingerella (Name of Corporation) | Treatly |
| TT 90 47 XD | E A RUM IMMED | 98 By Andrew Comment | |

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

| • | | | Annual Report for the y | ear1984 |
|-------|--------------------------|--------------------------------|---|--|
| | First: | The name of the corporation | is Mansfield.& Gingere | |
| | SECOND | | | |
| | THIRD: | Character of business, briefly | | |
| | Fourth | : If foreign corporation, ac | | ice N.A. |
| | Г І гт н : | Business address in Rhode | Island | |
| | | 115 High Street, Westerly, | Rhode Island 02891 | |
| | Sіхтн: | Names and addresses of its | directors and officers: | |
| | | (Addresses must include street | end number, If any) | |
| | | Namo Office | Ad | iress . |
| | Richard F | Mansfield Director | Shore Road, Wes | terly, Rl |
| | William F. | Gingerella Director | Shore Road, Wes | terly, RJ |
| | **** ******* | Director |)) | |
| | Richard F | . Mansfield President | Shore.Road,Wes | terly, RI |
| | William E. | Gingerella Vice Presi | dent Shore Road,Wes | terly,RI |
| | Richard F | . Mansfield Secretary | Shore Road,Wes | terly, RI |
| | | Gingerella Treasurer | Shore Road,Wes | terly, RI. |
| | Seventi | H: Number of Shares author | orized: | Par Value |
| | No. of St | lares Class | Series | or statement that shares are without par value |
| | 1,000 | Common | | No Par Value |
| | Еіснтн | : Number of Shares issued | : | Par Value or statement that |
| | No. of Si | l bares Class f | Series | shares are without par value |
| | 200 | common | n | No Par Value |
| | | | 19 | |
| | Dated:A | pril 16, 19 84 | Mans Held & Ging (Name of Corporation) | erella Agency, Inc |
| | | | By Trukait | a for |
| 11.11 | 15 1984 | | Title Bill | <i></i> |
| JUL | VF | } 1 | (Report⊳must be sign | ned by an officer) |
| | | : | • • | |

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division: Form #0 must be filed.

30

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Ahode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

| | | | Annual Rep | ort for | the year | 1983 | |
|---------------|--|--------------------------|----------------|-----------------|--------------|---------------------------|---------|
| First: | The name of th | e corporation i | S Mansfie | 1d & G | ingerella | Agency, | Inc |
| | | | | | | | |
| SECOND: | It is incorpor | ated under the | e laws of | Rhod | e Island | | |
| THIRD: | Character of bu | siness, briefly | stated, is | Insura | nce and re | al estat | е |
| | | | | | | | |
| Fourth: | If foreign co | rporation, add | dress of its | princi | pal office | | |
| | | | | F | , | | |
| FIFTH: | Business addre | ss in Rhode Is | sland (blan | ık rend | orts will be | mailed t | to this |
| | High Street, | | | | , u, wiii oc | manca | to unis |
| | Names and add | | | | nare · | • | |
| , OIXIII. | | include street ar | | | | | |
| | | | | <u>,,</u> | | | |
| ļ | ame | Office | | | Address | | |
| Richard F. M. | | Director | Shore | Road, | Westerly, | RI | |
| William F. G | ingerella | Director | Shore | Road, | Westerly, | RI | |
| , | | Director | | | | | , |
| Richard F. M | ensfield | President | Shore | Road, | westerly, | RI | |
| William F. G | ingerella | Vice Preside | ent Shore | Hoad, | Westerly, | RI | |
| Richard F. M | ansfield | Secretary | Shore | Road, | Westerly, | RI | |
| William F. G | ingerella pace is needed, at | Treasurer tach rider) | Shore | Road, | Westerly, | RI | |
| SEVENTH | : Number of | Shares author | rized: | | a.e. | Par Value statement ti | hae |
| No. of Sha | res | Class | Seri | ies | | res are with par value | |
| 1,000 | 1 | Common | | | No p | ar value | |
| | | | | | | | |
| Еіснтн : | Number of S | hares issued: | | | | Par Value statement ti | |
| No. of Sha | res | Class | Ser | ie s | shai | res are with par value | iout |
| 200 | 1 | Common | 6 | | No p | ar value | |
| | | | 7 83 | | | | |
| Dated: Ju | 1e 3 | 19 83 | Mansf | | Gingerell | a Agency | , Inc. |
| | | | (Stame To | f Corpor | ation) | <u>/</u> | |
| | EL LAT | , 1983 i | W K | -d 8- | no fly | , | |
| | JUN 7 | | Title = Pac | sident | | | |
| | | | | t must b | e signed by | an officer) | ١ |
| 14 100 - | ennesting them. | | • | | | | |
| | rporation has ch must be filed. Ple | | | | | | |

FORM 31 :1-07

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

| İ | | Ann | ual Report for | the year 1 | 982 |
|---------------|----------------------------------|-----------------------|----------------------|---------------------|----------------------------------|
| First: | The name of the | corporation is | Mansfield & Gi | ngerella Age | ncy.,Inc |
| | | | | | |
| SECOND: | It is incorporat | ed under the law | s of Rhode Is | land | |
| THIRD: | Character of busi | iness, briefly sta | ted, is Insuran | ce and real | estate |
| | | | | | |
| Fourth: | If foreign corp | oration, address | of its principal | office | |
| | | | | | |
| Fifth: | Business address | s in Rhode Islan | d (blank report | ts will be ma | iled to this |
| address)1 | 15 High Street, | Westerly, Rhode | Island 02891 | | |
| Sіхтн: | Names and addr | esses of its dire | ctors and office | rs: | • |
| | (Addressos must | Include street and nu | imber, If any) | • | |
| ; | Name | Office | | Address | |
| Richard F. Ma | nsfield | Director | Shore Road, N | esterly, R. | I. |
| William F. Gi | ngerella | Director | Shore Road, W | esterly, R. | I |
| | | Director | | | |
| Richard F. Ma | nsfield | President | Shore Road, W | esterly. R. | I. |
| William F. Gi | ngerella | Vice President | Shore Road, W | esterly, R. | I. |
| Richard F. Ma | nsfield | Secretary | Shore Road, W | esterly, R. | I. |
| | ngerella ce is needed, attach | | Shore Road, W | esterly, R. | I |
| SEVENTH | : Number of S | hares authorized | l: | | Value ment that |
| No. of Sha | res (| Class | Series | shares at | re without value |
| 1,000 | Comm | on | | No par | value |
| | | | 25 6 7 | 1982 | |
| Еіснтн: | l i Number of Sha | res issued: | MAIN | | Value |
| No. of Sha | res | Class | Series | shares ar | nent that re without value |
| 200 | Co | mmon | | 3 No par | value |
| | • : | | | i vi | |
| Dated: Febr | uary 15 | 19 82 Ma | ensfield & Ging | 82 gerella Agenc | y, Inc. |
| | | (: | Name of Corporation) | A . | / |
| | i | ∠By. | 1 Colonel Pa | En fly | |
| | ! : | Titl | e President | - 6 | <u> </u> |
| |) | <u> </u> | (Report must be | e signed by an o | officer) |
| If the c | : corporation has cha | anged its register | ed office and/or i | ts registered a | aent. |
| | must be filed. Plea | | | | |

To be filed annually between January 1st and March 1st

Filing fee: \$15.00

form 31

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

| | | ANNUAL REP | ORT | |
|----------------------------|---|--|--------------------------------------|---|
| | MANSFIELD & GII | GERELIA AGENCY, | INC. | |
| ımended, the | undersigned corp | oration hereby su | ubmits the following | neral Laws, 1956, as lowing annual report: |
| SECOND: | It is incorporate | ed under the laws o | f Rhode Isla | and |
| THIRD: | The address of it | s registered office | in Rhode Islan | nd is |
| | | agent in Rhode I | | address is |
| | _ | orporation, the add | | cipal office in the state |
| sland, briefly Sixth: | stated, is | nsurance and Real | Estate | ars and officers are: |
| Nar Richard F. | | Office Director | Shore Road. | Address Westerly, R. I. |
| William F. | | Director Director Director Director Director | | Westerly, R. I. |
| Richard F. | Hansfield | President | Shore Road, | Westerly, R. I. |
| William F. | Gingerella | Vice President | Shore Road, | Westerly, R. I. |
| Richard F. | lansfield | Secretary | Shore Road, | Westerly, R. I. |
| William F. | Gingerella | Treasurer | Shore Road, | Westerly, R. I. |
| Seventh by classes, par | ! t: The aggregate value of shares, s | number of shares w hares without par v | vhich it has aut value,and series | hority to issue, itemized s,if any, within a class,is: |
| Number Shares | | Class | 3 Series | Par Value per Shave or Statement that Shares are without Par Value |
| 1 000 | i . | | Ŵ | No Dom Volum |

| Number of Shares | Class | 3 Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|----------|-----------------------------|---|
| 1,000 | Common . | 81 | No Par Value |
| | | •••••• 8592A1 | MAR 3 1981 |
| | | 9···· <u>1</u> 5 4····15 | MAR 3 1981 |
| 11 80 | | 00 00 | |

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Dated February 10

, 1981

MANSFIELD & GINGERELLA AGENCY, INC.

(NAME OF CORPORATION)

Its President

:

|

.

.

To be filed annually between January 1st and March 1st

State of Khode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| | MANSFIELD & GINGERELLA AGENCY. INC. | | | |
|--|--|-------------------------------------|--|---|
| | to the provisions | of Section 7.1. | .1-118 of the Gener submits the followi | ral Laws, 1956, as |
| First: | The name of the co | rporation is | ansfield & Gingere | lla Agency, Inc. |
| SECOND: | It is incorporated under the laws of Phode Island | | | |
| | The address of its registered office in Rhode Island is Street, Westerly, Rhode Island 02891 | | | |
| and the name | of its registered age | | and at such address | |
| FOURTH If a foreign corporation, the address of its principal office in the state or | | | | |
| country under | the laws of which it | t is incorporated | is | |
| | | | | |
| Г ІГТН: | The character of | the business in | which it is actually | engaged in Rhode |
| Island, briefly | stated, is Insura | unce and Real E | state | |
| | | | | |
| | | | | |
| SIXTH: | | pective addresse | s of its directors and | officers are: |
| Richard F. | lonsfield | Director | Shore Road, Weste. | rly, R. I |
| William F. 6 | ingerella | Director | Shore Bond, Wester | rly, R. I. |
| | | Director | | |
| Richard F. N | | President | Shore Road, Wester | |
| William F. G | _ | | Shore Road, Weste | |
| Richard F. M | | Secretary | Shore Road, Neste | |
| William F. G | ingerella | Treasurer | Shore Road, Meste | rly, R. I. |
| Seventh by classes, par | : The aggregate no value of shares, sha | umber of shares ares without par | which it has authorit value,andseries,if an | y to issue, itemized y, within a class, is: |
| Number o Shares | | 3 69 | Series | Par Value per Share or Statement that Shares are without Par Value |
| 1,000 | Common | | _===== | No Par Value |
| 2,000 | Control | | | No rar (value |

Form 31 8-79

| Number of Shares | | Clase | <u>Series</u> | Shares are without Par Value | | | | |
|---------------------|-------------|--------------|--|---------------------------------|--|--|--|--|
| | 200 | Common | | No Par Value | | | | |
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| | | | | • | | | | |
| Dated | February 15 | , 1980 MANSI | FIELD & GINGERELLA | AGENCY, INC. | | | | |
| | İ | | <i>i</i> * | // | | | | |
| | İ | By Kan | lord & France | <i>A</i> : | | | | |
| | | • | lts Pres | ident | | | | |
| ē | , | : | e de la compansión de l | | | | | |
| | | • | , | · : | | | | |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

| | | OF | | |
|----------------------------|------------------|--------------------------------------|----------------------------------|--|
| | Mansfield a | & Gingerella Ap | ency, Inc. | |
| amended, the | to the provision | ns of Section 7.3 poration hereby | 1.1-118 of the Ger | neral Laws, 1956, as owing annual report: |
| SECOND: | It is incorpora | ted under the la | ws of Rhode Isl | and |
| | L . | _ | in Rhode Island is | |
| and the name o | | | | ss is |
| | If a foreign co | | | al office in the state or |
| | | | ··········· »···· »···· » | |
| | | | | lly engaged in Rhode |
| | | | | , |
| | | | | |
| SIXTH: | | espective address Office | ses of its directors a | and officers are: |
| Richard F. | Mansfield | Director | Shore Road, | Mesterly, R.I. |
| William F. | Gingerella | Director | Shore Road, | Westerly, R.I. |
| | | Director | , | |
| | ļ | Director | | |
| | | Director | | |
| | [| Director | | |
| Richard F. | Mansfield | President | Shore_Road, | Westerly, R.I. |
| William F. | Cingerella | Vice President | Shore_Road, | Westerly, R.I. |
| Richard F. | Mansfield | Secretary | Shore Road, | Westerly, R.I. |
| William F. | Cingerella | Treasurer | Shore Road, | westerly, R.I. |
| Seventh by classes, par | | | | ority to issue, itemized fany, within a class, is: |
| Number o | | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
| 1,000 | c | поппо | ∞ 79 | No Par Value |
| Form 31 2014 1 1 15 | | | ····*09····15. 2170A14···-15. | FEB 6 1979 |
| Form 31 33M 11-78 | Į. | | · · · · | |

 $\label{eq:energy} \mbox{Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:$

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value No Par Value |
|---------------------|---------|------------------------|---|
| 200 | common | nil | No Par Value |
| | | | |
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| 1-27- | , 19 70 | Mansfield & Gingerella | Agency Inc. |

Dated

1977

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT

| | | OF | | | | | |
|------------------|---|-----------------------------------|------------------------------|----------|---------------|---|--------|
| | Mansfield | & Gingerella | a Ageno | ev. In | с. | | |
| amended, the | t to the provision undersigned corp The name of the | s of Section 7- oration hereby | 1.1-118 submits Mans f | of the | General L | ual repor | rt: |
| SECOND: | It is incorporat | ed under the la | ws of | Rhode | Island | | |
| 1 | The address of it | | ce in Rh | ođe Isla | nd is115 | High : | Street |
| | of its registered a | gent in Rhode | | | | | |
| | If a foreign cor | h it is incorpora | ated is | _N | A . E | | |
| i | The character of the is Insurance | ne business in wh | ich it is state | actually | engaged in | Rhode I | eland, |
| | The names and re | espective addres | sses of it | s direct | ors and offic | ers are: | |
| Richard F. N | lansfield | Director | Shore | Road. | Westerly | , RI | |
| William F. | ingerella | Director | Shore | Road, | Westerly | , RI | |
| | | Director | | | | | |
| | | Director | | | | | |
| | | Director | | | | | |
| | | Director | | | | | |
| Richard F. N | | President | | | Westerly | | |
| William F. (| | Vice President | Shore | Road, | Westerly | , RI | |
| Richard F. N | | Secretary | | | Westerly | | |
| William F. C | ingerella | Treasurer | Shore | Road, | Westerly | , RI | .,.,., |
| | : The aggregate value of shares, sh | | | | | | |
| Number Shares | | Class. | 5 84 | rles | or S | Value per Sh Statement th res are with Par Value | nat |
| 1,000 | С | ommon | 78 | | No | Par Val | lue |
| | MAY St | 15 1978 Ж | 5842A14] | • | | | |

| Number of Shares | Shares Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------|--------|---|
| 200 | Common | - | No Par Value |

Dated May 9, , 19 78

Mansfield & Gingerella Agency, Inc.

President

:

:

•

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| | | | · |
|------------------------------|---|--|--|
| Pursuant amended, the | to the provisions of Section 7 undersigned corporation hereby | 7-1.1-118 of the G submits the follow | eneral Laws, 1956, as ing annual report: |
| | The name of the corporation is | | |
| SECOND: | It is incorporated under the la | ws of Rhode Is: | land |
| | The address of its registered offi Street, Westerly, Rhode Islan | | is |
| and the name of Richard F. I | of its registered agent in Rhode Is Mansfield | | ss is |
| Fourth: | | ddress of its princi | |
| | The character of the business stated, is Insurance and Re | | |
| Sixth: | The names and respective addres Name Office | ses of its directors : | and officers are: |
| Richard F. | ansfield Director | Shore Road, Wes | terly. R. I. |
| William F. (| ingerella Director | Shore Road, Wes | terly. R. I. |
| | Director | | |
| | Director | | |
| ······ | Director | | |
| | Director | | |
| | dansfield President | Shore Road, Wes | terly, R. I. |
| | | Shore Road, Wes | terly, R. I. |
| Richard F. | Secretary Secretary | | |
| William F. | Gingerella Treasurer | | |
| SEVENTH by classes, par | The aggregate number of shar value of shares, shares without pa | | if any, within a class, is: |
| Number o | <u>Class</u> | Series _. | Par Value per Share or Statement that Shares are without Par Value |
| 1,000 | common | | No par value |
| | | 15 | |
| | | 25 C 1 ARK | |
| | | • - 7.7 | |
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| ORM 31 35M 10-75 | | | MAY 25 1977 |
| 23 21 22m 101/3 | | | 114 |
| | i | | / ' |

| Number of Shares | <u>Class</u> | Series_ | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------------|--------------------------------------|---|
| 200 | common | | No par value |
| : | | | |
| | | | |
| 1 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Dated May 10 | , 19 77 Mar | nsfield & Gingerella (NAME OF COS | Agency. Inc. |
| | Ву | Takend F M | unfly |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| |)] | Or | | | |
|----------------------------|---|--|------------------|-----------------------------|--------------|
| | Mansfield | l & Gingerell | a Agency, I | nc. | |
| amended, the | to the provisions undersigned corpor The name of the co | ation hereby sub | mits the follow | ing annual re | port: |
| Agency, Inc | • | | | | |
| SECOND: | It is incorporated | under the laws o | f Rhode I | sland | |
| | The address of its reet, Westerly, | ~ | | is | |
| | of its registered age Mansfield | | | | |
| Fourtry. | If a foreign corp | oration the addr | ese of ite pring | inal office in th | no etate or |
| | the laws of which i | | = | - | |
| | | , | | | |
| Е геты• | The character of | the husiness in t | which it is acti | nally engaged | in Rhode |
| Island briefly | stated, is Insur | ance and Rea | l Estate | zanj engagea | in itmode |
| Island, briefly | | | | | |
| | | | | | |
| | | | | | |
| Sixth: T | he names and respect | ctive addresses of | its directors an | id officers are: Address | |
| Richard F. | Mansfield | | Shore Road, | | Rhode Island |
| William F. | Gingerella | | | | Rhode Island |
| . : | | Director | | | |
| | | Director | | | |
| | | Director | | | |
| | | Director | | | ** |
| Richard F. | Mansfield | President | Shore Road | , Westerly, | Rhode Island |
| William F. | Gingerella | Vice President | | | Rhode Island |
| Richard F, | Mansfield | Secretary | | | Rhode Island |
| William F. | Gingerella | Treasurer | | | Rhode Island |
| SEVENTI by classes, par | : The aggregate i value of shares, sha | number of shares res without par va | | | |
| | | | | Par Value p or Statem | ent that |
| Number Shares | | <u> 258</u> | Series | Shares are Par V | |
| 1,00 | O Con | mon | -MAR o | No Par | Value |

Series or Statement that Shares are without Par Value

- MAR 2

1977

FORM 31 35M 9-76

| Number of Shares | <u>Class</u> | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------|--------|---|
| 200 | Common | - | No Par Value |

Dated February 18 , 19 77

Mansfield & Gingerella Agency, Inc.

MANS + GING.

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| | Mansfield & Gingerel | la Agency, Inc. |
|---------------------------|--|--|
| amended, the | undersigned corporation hereby The name of the corporation is | 7-1.1-118 of the General Laws, 1956, as submits the following annual report: Mansfield & Gingerella |
| SECOND: | It is incorporated under the la | ws of Rhode Island |
| | The address of its registered off | fice in Rhode Island is Island |
| | of its registered agent in Rhode I Mansfield | Island at such address is |
| | | address of its principal office in the state or |
| FIFTH: Island, briefly | The character of the business stated, is Insurance and i | in which it is actually engaged in Rhode Real Estate |
| | The names and respective addre | esses of its directors and officers are: |
| | . Mansfield Director | Shore Road, Westerly, R. I. |
| | . Gingerella Director | Shore Road, Westerly, R. I. |
| | Director | |
| | Director | |
| | Director | |
| ! | Director | |
| Richard F | . Mansfield President | Shore Road, Westerly, R. I. |
| | | htShore Road, Westerly, R. I. |
| Richard F | . Mansfield Secretary | Shore Hoad, Westerly, R. I. |
| | . Gingerella Treasurer | Shore Road, Westerly, R. I. |

SEVENTE: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Common

Series

Par Value per Share or Statement that Shares are without Par Value No Par Value

FEB 26 1975

FORM 31 25M 11-

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value | | | |
|---------------------|--------|--------|---|--|--|--|
| 200 | Common | - | No Par Value | | | |
| I | | | | | | |

Dated December 23., 1974

Mansfield & Gingerella Agency, Inc. (NAME OF COMPORATION)

. President

47 28-75 SEC- 9F - 725 AR** * 15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| į | | V 1 | | | | | | |
|---------------------|---|------------------|------------|--------------|----------|---|------|--------------------|
| | Mensfield | & Gingerella | a Agen | cy, Ind | . | ** *** ! ! . | | |
| amended, the | to the provision undersigned corp The name of the | oration hereby s | ubmits | the follo | wing an | nual r | epo | ort: |
| SECOND: | It is incorporat | ed under the law | s of | Rhode 1 | sland | | | |
| | The address of it Street , West | | | | d is | | | |
| and the name | of its registered a Mansfield | _ | | such add | | | | |
| | If a foreign co | _ | | - | Α - | fice in | | |
| Island, briefly | The character o | rance and Re | eal Est | tate | | | d i | n Rhode |
| | ! The names and re Name | spective address | ses of its | director | s and of | | are | : |
| Richard F. | Mansfield | Director | Sho re | Road, | Weste. | rly. | и. | .I. |
| William F. | Gingerella | Director | Shore | Road, | Weste | rly. | R. | , I., |
| | | Director | | | | | | |
| | | Director | ,,- , | | | | | |
| | | | | | | | | |
| | | Director | | | | | | |
| | Mansfield | President | Shore | Road | Weste | rly. | R. | I. |
| William F. | | Vice President | Snore | Road, | Weste | rly, | R. | I. |
| Richard F. | i | Secretary | Shore | Road, | Weste. | rly. | R. | I. |
| William F. | Gingerella | Treasurer | Shore | Road, | weste | rly. | R. | , I |
| | The aggregate value of shares, sh | | | | | | | |
| Number of Shares | | Class | <u>Se</u> | ries | ; | Par Valu or State Shares e Par | emen | nt that vithout |
| 1,000 | Co | ашшоп | | - | | No Pa | r' | Value |

JAN 25 1974

FORM 31 35M 8-73

| Number of Shares | Class | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------|---------------|---|
| 200 | Common | - | No Par Value |

Dated January 16. ..., 1974

Mansfield & Gingerella Agency, Inc. (NAME OF CORPORATION)

Ву

11s French

FEB -8-74 SER-OF 7915 KR*** 15.00

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O 1973

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Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| Mansfield & Gingerella Agency, Inc. | | |
|--|------|--|
| to the provisions of Section 7-1 1-118 of the Congrel Laws | 1056 | |

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report: FIRST: The name of the corporation is Mansfield & Gingerella Agency, Inc. SECOND: It is incorporated under the laws of Rhode Island The address of its registered office in Rhode Island is 19 Railroad Avenue, Westerly, Rhode Island and the name of its registered agent in Rhode Island at such address is Richard F. Mansfield If a foreign corporation, the address of its principal office in the state or FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Insurance and Real Estate The names and respective addresses of its directors and officers are: SIXTH: iame Office Richard F. Mansfield Director Shore Rd., Westerly, R. I. William F. Gingerella Director Shore Rd., Westerly, R. I. Director Director Director l Director Richard F. Mansfield President Shore Rd., Westerly, R. I. William F. Gingerella Vice President Shore Rd., Westerly, R. I. Richard F. Mansfield Secretary Shore Rd., Westerly, R. I. William F. Gingerella Treasurer Shore Rd., Westerly, R. I.

SEVENTIA: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |

1,000 | Common - No Par Value

FORM SE BCM B-72

JAN 1 7 1973

| Number of Shares | Class | Series | or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 200 | Common | - | No Par Value |

Dated January 4, , 1973

Mansfield & Gingerella Agency, Inc.

... President

Mangail & SulanaM