



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 OR PRINTED IN BLACK)

1. Corporate ID No. 19857		2. Name of Corporation OLIVER INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 645 Metacom Avenue			City Bristol	State RI	Zip 02809
4. Business Phone No. 401 253 4900		5. State of Incorporation RHODE ISLAND			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert Oliver			Vice President Name Albert Alan Oliver		
Street Address 39 Tobin Lane			Street Address 1145 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Albert Alan Oliver			Treasurer Name Albert Oliver		
Street Address 1145 Hope Street			Street Address 39 Tobin Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Albert Oliver			Director Name		
Street Address 39 Tobin Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
600 COMM NO PAR VALUE			600	N/A	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	1/5/05
Check No.	41981
By:	U.
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.

Albert Alan Oliver 1/3/05
Signature of Officer Date
ALBERT ALAN OLIVER
Print or Type Name of Officer
Vice President
Title of Officer



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 OR PRINTED IN BLACK)

1. Corporate ID No. 19857		2. Name of Corporation OLIVER INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 645 Metacom Avenue		City Bristol	State RI	Zip 02809	
4. Business Phone No. 401 253 4900		5. State of Incorporation RHODE ISLAND		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert Oliver		Vice President Name Albert Alan Oliver			
Street Address 39 Tobin Lane		Street Address 1145 Hope Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Albert Alan Oliver		Treasurer Name Albert Oliver			
Street Address 1145 Hope Street		Street Address 39 Tobin Lane			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Albert Oliver		Director Name			
Street Address 39 Tobin Lane		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			600	N/A	No Par Value

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



* 1 9 8 5 7 *

File Date	1-2-04
Check No.	40197
By:	a
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: Albert Oliver Date: 12/30/03
Print or Type Name of Officer: ALBERT ALAN OLIVER
Title of Officer: VICE PRESIDENT



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **19857** 2. Name of Corporation **OLIVER INSURANCE AGENCY, INC.**
3. Street Address Principal Business Office
645 Metacom Avenue
4. Business Phone No. **401 253 4900** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Agency

City **Bristol** State **RI** Zip **02809**
6. SIC Code **5702**

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

President Name **Albert Oliver**
Street Address **39 Tobin Lane**
City **Bristol** State **RI** Zip **02809**
Secretary Name **Albert Alan Oliver**
Street Address **1145 Hope Street**
City **Bristol** State **RI** Zip **02809**

Vice President Name **Albert Alan Oliver**
Street Address **1145 Hope Street**
City **Bristol** State **RI** Zip **02809**
Treasurer Name **Albert Oliver**
Street Address **39 Tobin Lane**
City **Bristol** State **RI** Zip **02809**

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

Director Name **Albert Oliver**
Street Address **39 Tobin Lane**
City **Bristol** State **RI** Zip **02809**
Director Name
Street Address
City State Zip

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
600 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 N/A No Par Value

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



* 1 9 8 5 7 *

File Date: 1-13-03
39049
Check No.:
By: OL
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.

Albert Alan Oliver 1/10/03
Signature of Officer Date
ALBERT ALAN OLIVER
Print or Type Name of Officer
Vice President
Title of Officer
5



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. **19857** 2. Name of Corporation **OLIVER INSURANCE AGENCY, INC.**
3. Street Address Principal Business Office **645 Metacom Avenue** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401 253 4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Agency

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

President Name Albert Oliver Street Address 39 Tobin Lane City Bristol State RI Zip 02809	Vice President Name Albert Alan Oliver Street Address 19 Leila Jean Drive City Bristol State RI Zip 02809
Secretary Name Albert Alan Oliver Street Address 19 Leila Jean Drive City Bristol State RI Zip 02809	Treasurer Name Albert Oliver Street Address 39 Tobin Lane City Bristol State RI Zip 02809

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

Director Name Albert Oliver Street Address 39 Tobin Lane City Bristol State RI Zip 02809	Director Name Street Address City State Zip
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
600 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 N/A No Par Value

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



* 1 9 8 5 7 *

File Date: 1-14-02

Check No.: 37466

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] 1/11/02
Signature of Officer Date

ALBERT ALAN OLIVER
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19857** 2. Name of Corporation **OLIVER INSURANCE AGENCY, INC.**
3. Street Address Principal Business Office City State Zip
645 Metacom Avenue Bristol RI 02809
4. Business Phone No. **253-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8762**
7. Brief Description of the Nature of Business Conducted in Rhode Island

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

President Name Albert Alan Oliver Street Address 19 Leila Jean Drive City State Zip Bristol RI 02809	Vice President Name Albert Oliver Street Address 39 Tobin Lane City State Zip Bristol RI 02809
Secretary Name Albert Alan Oliver Street Address 19 Leila Jean Drive City State Zip Bristol RI 02809	Treasurer Name Albert Oliver Street Address 39 Tobin Lane City State Zip Bristol RI 02809

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

Director Name Albert Oliver Street Address 39 Tobin Lane City State Zip Bristol RI 02809	Director Name Street Address City State Zip
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
600 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	N/A	No Par Value

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



* 1 9 8 5 7 *

11/8

File Date: 35772

Check No.: 2

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.

Albert Alan Oliver 1/6/11/01
Signature of Officer Date

ALBERT ALAN OLIVER
Print or Type Name of Officer

President
Title of Officer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19857** 2. Name of Corporation **OLIVER INSURANCE AGENCY, INC.**
3. Street Address Principal Business Office **645 Metacom Avenue** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401-253-4900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**
7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Agency

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

President Name	Vice President Name
Albert Alan Oliver	Albert Oliver
Street Address	Street Address
19 Leila Jean Drive	39 Tobin Lane
City Bristol State RI Zip 02809	City Bristol State RI Zip 02809
Secretary Name	Treasurer Name
Albert Alan Oliver	Albert Oliver
Street Address	Street Address
19 Leila Jean Drive	39 Tobin Lane
City Bristol State RI Zip 02809	City Bristol State RI Zip 02809

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

Director Name	Director Name
Albert Alan Oliver	
Street Address	Street Address
19 Leila Jean Drive	
City Bristol State RI Zip 02809	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	N/A	NOPAR VALUE

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



* 1 9 8 5 7 *

1/4/00

File Date: _____

Check No.: **34500**

By: **AL**

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.

Albert Alan Oliver 12/30/99
Signature of Officer Date

ALBERT ALAN OLIVER
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19857		2. Name of Corporation OLIVER INSURANCE AGENCY, INC.	
3. Street Address Principal Business Office 645 Metacom Avenue		City Bristol	State RI
4. Business Phone No. 401-253-4900		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5702		7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Albert Alan Oliver		Vice President Name Albert Oliver	
Street Address 19 Leila Jean Drive		Street Address 39 Tobin Lane	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Albert Alan Oliver		Treasurer Name Albert Oliver	
Street Address 19 Leila Jean Drive		Street Address 39 Tobin Lane	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Albert Alan Oliver		Director Name	
Street Address 19 Leila Jean Drive		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
600 SHS NO PAR COM			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
600	N/A	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: 1-18-99

Check No.: 34280

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 of Officer Albert A. Oliver Date 1/12/99

Print or Type Name of Officer ALBERT A. OLIVER

Title of Officer [Signature]



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

19857

OLIVER INSURANCE AGENCY, INC.

3. Street Address Principal Business Office

City

State

Zip

645 Metacom Avenue

Bristol

RI

02809

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-253-4900

RHODE ISLAND

5702

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Agency

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

President Name

Vice President Name

Albert Alan Oliver

Albert Oliver

Street Address

Street Address

19 Leila Jean Drive

39 Tobin Lane

City

State

Zip

City

State

Zip

Bristol

RI

02809

Bristol

RI

02809

Secretary Name

Treasurer Name

Albert Alan Oliver

Albert Oliver

Street Address

Street Address

19 Leila Jean Drive

39 Tobin Lane

City

State

Zip

City

State

Zip

Bristol

RI

02809

Bristol

RI

02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Albert Alan Oliver

Street Address

Street Address

19 Leila Jean Drive

City

State

Zip

City

State

Zip

Bristol

RI

02809

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

N/A

No Par Value

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



* 1 9 8 5 7 *

File Date: **1-1-98**

Check No.: **31656**

By: **10P**

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.

Albert Alan Oliver 12/16/97
Signature of Officer Date

ALBERT ALAN OLIVER
Print or Type Name of Officer

Treasurer
Title of Officer

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.	2. Name of Corporation		
19857	OLIVER INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office	City	State	Zip
645 Metacom Avenue	Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation	6. SIC Code	
401-253-4900	RHODE ISLAND	5702	
7. Brief Description of the Character of Business Conducted in Rhode Island			
Insurance Agency			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name		Vice President Name	
Albert Alan Oliver		Albert Oliver	
Street Address		Street Address	
19 Leila Jean Drive		39 Tobin Lane	
City	State	City	State
Bristol	RI	Bristol	RI
Zip	02809	Zip	02809
Secretary Name		Treasurer Name	
Albert Alan Oliver		Albert Oliver	
Street Address		Street Address	
19 Leila Jean Drive		39 Tobin Lane	
City	State	City	State
Bristol	RI	Bristol	RI
Zip	02809	Zip	02809

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name		Director Name	
Albert Alan Oliver			
Street Address		Street Address	
19 Leila Jean Drive			
City	State	City	State
Bristol	RI		
Zip	02809	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM			600	N/A	No Par Value

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



* 1 9 8 5 7 *

File Date: 1/13/97

Check No.: 30357

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) 1/20/96
Signature of Officer Date

ALBERT ALAN OLIVER
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 19857		2. NAME OF CORPORATION OLIVER INSURANCE AGENCY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 645 Metacom Avenue		CITY Bristol	STATE RI
		ZIP CODE 02809	
4. BUSINESS PHONE NO. 401-253-4900		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 5702	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Insurance Agency			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Albert Alan Oliver		VICE PRESIDENT NAME Albert Oliver	
STREET ADDRESS 19 Leila Jean Drive		STREET ADDRESS 39 Tobin Lane	
CITY Bristol	STATE RI	CITY Bristol	STATE RI
ZIP CODE 02809		ZIP CODE 02809	
SECRETARY NAME Albert Alan Oliver		TREASURER NAME Albert Oliver	
STREET ADDRESS 19 Leila Jean Drive		STREET ADDRESS 39 Tobin Lane	
CITY Bristol	STATE RI	CITY Bristol	STATE RI
ZIP CODE 02809		ZIP CODE 02809	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Albert Alan Oliver		DIRECTOR NAME	
STREET ADDRESS 19 Leila Jean Drive		STREET ADDRESS	
CITY Bristol	STATE RI	CITY	STATE
ZIP CODE 02809		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
600 SHS NO PAR COM			

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: **1-18-96**

Check No: **33134**

By: **ASO/CP**

For Secretary of State Use Only

Albert Alan Oliver
Signature of Officer

ALBERT ALAN OLIVER
Print or Type Name of Officer

PRESIDENT
Title of Officer

1/10/96

Date



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 FORM WILL BE RETURNED.

0019857

1995

Corporate ID: _____ Annual Report for the year: _____

OLIVER INSURANCE AGENCY, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: _____

Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

[☒] Business Corporation (See RIGL Chapter 7-1.1)

[] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 253-4900

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

INSURANCE

645 METACOM AVE
BRISTOL, R.I. 02809

Phone: (401) 253-4900

THE NAMES OF THE OFFICERS ARE:

	PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER
NAME	ALBERT ALAN OLIVER	ALBERT OLIVER	ALBERT ALAN OLIVER	ALBERT OLIVER
STREET ADDRESS	19 LEILA JEAN DR.	39 TOBIN LN	19 LEILA JEAN DR.	39 TOBIN LN
CITY/STATE	BRISTOL, R.I.	BRISTOL, R.I.	BRISTOL, R.I.	BRISTOL, R.I.
ZIP CODE	02807	02809	02807	02809

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ALBERT ALAN OLIVER	19 LEILA JEAN DR.	BRISTOL, R.I.	02807

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600 N/A

NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

600 N/A

NO PAR VALUE

Date DEC 22, 1994

By: ALBERT ALAN OLIVER

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

ALBERT OLIVER
645 METACOM AVENUE
BRISTOL RI 02809

JAN 3 1995
SC/CL # 31727

Filing Fee \$60.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

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

Corporate ID: 0019857 Annual Report for the year: 1994
Name of Business Entity: OLIVER INSURANCE AGENCY, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 253-4900

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

645 Metacom Avenue
Bristol, Rhode Island 02809

Phone: (401) 253-4900

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Albert Oliver

39 Tobin Lane

Bristol RI 02809

Brief statement of the character of business conducted in Rhode Island:

Insurance

Date of Organization: 2/19/65

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Albert Oliver	39 Tobin Lane, Bristol, RI 02809		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
Albert Alan Oliver	19 Leila Jean Drive, Bristol, RI 02809		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Albert Alan Oliver	19 Leila Jean Drive, Bristol, RI 02809		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
Albert Oliver	39 Tobin Lane, Bristol, RI 02809		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Albert Oliver	39 Tobin Lane, Bristol, RI 02809		

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS N/A

SERIES N/A

PAR VALUE OR NO PAR VALUE
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER None Issued

CLASS N/A

SERIES N/A

PAR VALUE OR NO PAR VALUE
WITHOUT PAR

Date January 26, 1994

By: Albert Oliver

Albert Alan Oliver
PRINT OR TYPE NAME OF OFFICER SIGNING

Vice President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ALBERT OLIVER
645 METACOM AVENUE
BRISTOL RI 02809

Remick 30826

Filing Fee \$50.00

27972 JB

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 0019857 Annual Report for the year 1993

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island 645 Metacom Avenue, Bristol RI 02809

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Albert Oliver</u>	<u>Director</u>	<u>39 Tobin Lane, Bristol, RI 02809</u>
<u>Albert Alan Oliver</u>	<u>Director</u>	<u>19 Leila Jean Drive, Bristol, RI 02809</u>
	<u>Director</u>	
<u>Albert Oliver</u>	<u>President</u>	<u>39 Tobin Lane, Bristol, RI 02809</u>
<u>Albert Alan Oliver</u>	<u>Vice President</u>	<u>19 Leila Jean Drive, Bristol, RI 02809</u>
<u>Albert Alan Oliver</u>	<u>Secretary</u>	<u>19 Leila Jean Drive, Bristol, RI 02809</u>
<u>Albert Oliver</u>	<u>Treasurer</u>	<u>39 Tobin Lane, Bristol, RI 02809</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>N/A</u>	<u>N/A</u>	<u>No Par Value</u>

PAID

JAN 14 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

SEC'Y OF STATE

Dated January 14th 1993

Oliver Insurance Agency, Inc.

(Name of Corporation)

By Albert Alan Oliver

(Report must be signed by an officer)

Title Vice President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0019957..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....OLIVER INSURANCE AGENCY, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Insurance.....

FOURTH: If foreign corporation, address of its principal office.....

N/A

FIFTH: Business address in Rhode Island.....

645 Metacom Avenue, Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Albert Oliver..... Director..... 39 Tobin Lane Bristol, RI 02809

Albert Alan Oliver..... Director..... 19 Leila Jean Drive Bristol RI 02809

Director

Albert Oliver..... President..... 39 Tobin Lane, Bristol RI 02809

Albert Alan Oliver..... Vice President..... 19 Leila Jean Dr. Bristol RI 02809

Albert Alan Oliver..... Secretary..... 19 Leila Jean Dr. Bristol RI 02809

Albert Oliver..... Treasurer..... 39 Tobin Lane Bristol RI 02809

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

600

N/A

N/A

No Par Value

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Par Value
or statement that
shares are without
par value

FEB 07 1992

SEC. OF STATE

AMT 174226

Dated February 5th..... 19 92.....

Oliver Insurance Agency, Inc.
(Name of Corporation)

By.....

Vice President

(Report must be signed by an officer)

Title.....

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

55

Corporate ID 0019857 Annual Report for the year 1991

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

645 Metacom Avenue, Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Albert Oliver	Director	39 Tobin Lane, Bristol, RI 02809
Albert Alan Oliver	Director	19 Leila Jean Drive, Bristol, RI 02809
	Director	
Albert Oliver	President	39 Tobin Lane, Bristol, RI 02809
Albert Alan Oliver	Vice President	19 Leila Jean Drive, Bristol, RI 02809
Albert Alan Oliver	Secretary	19 Leila Jean Drive, Bristol, RI 02809
Albert Oliver	Treasurer	39 Tobin Lane, Bristol, RI 02809

SEVENTH: Number of Shares authorized:

No. of Shares
600

Class
N/A

Series
N/A

Par Value
or statement that
shares are without
par value
No Par Value

PAID

JAN 04 1991

SECY OF STATE

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Dated January 3rd 19 91

Oliver Insurance Agency Inc.

(Name of Corporation)

By Albert Alan Oliver

Title Vice President

(Signature of officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019857 Annual Report for the year 1990

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

645 Metacom Avenue Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Albert Oliver	Director	39 Tobin Lane, Bristol, RI 02809
Albert Alan Oliver	Director	19 Leila Jean Drive, Bristol, RI 02809
	Director	
Albert Oliver	President	39 Tobin Lane, Bristol, RI 02809
Albert Alan Oliver	Vice President	19 Leila Jean Drive, Bristol, RI 02809
Albert Alan Oliver	Secretary	19 Leila Jean Drive, Bristol, RI 02809
Albert Oliver	Treasurer	39 Tobin Lane, Bristol, RI 02809

SEVENTH: Number of Shares authorized:

No. of Shares
600Class
N/ASeries
N/APar Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

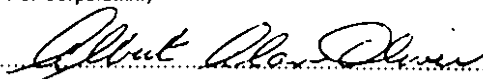
Par Value
or statement that
shares are without
par valuePAID
FEB 01 1990
SEC'y. OF STATE

Dated January 30th 19 90

Oliver Insurance Agency, Inc.

(Name of Corporation)

By



Title

Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

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 0019857 Annual Report for the year 1989

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office
N/A

FIFTH: Business address in Rhode Island
645 Metacom Avenue, Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Albert Oliver	Director	39 Tobin Lane Bristol, RI
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, RI
	Director	
Albert Oliver	President	39 Tobin Lane Bristol, RI
Albert Alan Oliver	Vice President	19 Leila Jean Dr. Bristol, RI
Albert Alan Oliver	Secretary	19 Leila Jean Dr. Bristol, RI
Albert Oliver	Treasurer	39 Tobin Lane Bristol, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	N/A

Series

PAID

Par Value
or statement that
shares are without
par value

N/A

FEB 02 1989

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
---------------	-------

Series

SECY. OF STATE

Par Value
or statement that
shares are without
par value

Dated February 1st 19 89

Oliver Insurance Agency, Inc.
(Name of Corporation)

By Albert Alan Oliver

Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

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

0.75

Corporate ID 19852 Annual Report for the year 1988

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

645 Metacom Avenue, Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Albert Oliver Director 39 Tobin Lane, Bristol, R.I.

Albert Alan Oliver Director 19 Leila Jean Drive, Bristol, R.I.

Director

Albert Oliver President 39 Tobin Lane, Bristol, R.I.

Albert Allan Oliver Vice President 19 Leila Jean Drive, Bristol, R.I.

Albert Allan Oliver Secretary 19 Leila Jean Drive, Bristol, R.I.

Albert Oliver Treasurer 39 Tobin Lane, Bristol, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares

Class

600

N/A

Series

PAID

N/A

FEB 10 1988

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated February 4 19 88

OLIVER INSURANCE AGENCY, INC.
(Name of Corporation)

By Albert Alan Oliver

Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

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 ID 19857 Annual Report for the year 1987

FIRST: The name of the corporation is OLIVER INSURANCE AGENCY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 645 Metacom Avenue, Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Albert Oliver	Director	39 Tobin Lane, Bristol, Rhode Island
Albert Alan Oliver	Director	19 Leila Jean Drive, Bristol, Rhode Island
	Director	
Albert Oliver	President	39 Tobin Lane, Bristol, Rhode Island
Albert Alan Oliver	Vice President	19 Leila Jean Drive, Bristol, Rhode Island
Albert Alan Oliver	Secretary	19 Leila Jean Drive, Bristol, Rhode Island
Albert Oliver	Treasurer	39 Tobin Lane, Bristol, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	N/A	PAID	No Par Value

JAN 15 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		SEC'Y OF STATE	

Dated January 08, 19 87

Oliver Insurance Agency, Inc.
(Name of Corporation)

By Albert Oliver

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....19857.....

Annual Report for the year.....1986.....

FIRST: The name of the corporation is.....OLIVER INSURANCE AGENCY, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Insurance.....

FOURTH: If foreign corporation, address of its principal office.....

N/A

FIFTH: Business address in Rhode Island.....

645 Metacom Ave. Bristol, R. I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Albert Oliver	Director	39 Tobin Lane Bristol, R. I.
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, R. I.
	Director	
Albert Oliver	President	39 Tobin Lane Bristol, R. I.
Albert Alan Oliver	Vice President	19 Leila Jean Dr. Bristol, R. I.
Albert Alan Oliver	Secretary	19 Leila Jean Dr. Bristol, R. I.
Albert Oliver	Treasurer	39 Tobin Lane Bristol, R. I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	N/A	N/A	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 10 19 86

Oliver Insurance Agency, Inc.

(Name of Corporation)

By

Title president

(Report must be signed by an officer)

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

19857

Annual Report for the year 1985

FIRST: The name of the corporation is Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office
N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 615 Metacomb Ave. Bristol, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Albert Oliver	Director	39 Tobin Lane Bristol, R.I.
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, R.I.
	Director	
Albert Oliver	President	39 Tobin Lane Bristol, R.I.
Albert Alan Oliver	Vice President	19 Tobin Lane Bristol, R.I.
Albert Alan Oliver	Secretary	" "
Albert Oliver	Treasurer	39 Tobin Lane Bristol, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	N/A	N/A	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

Dated: October 21, 19 85

Oliver Insurance Agency, Inc.
(Name of Corporation)

By Albert Oliver
Title President

(Report must be signed 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 for information. 277-3040

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 year 1984

FIRST: The name of the corporation is

Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Insurance

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

645 Metacom Ave. Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Albert Oliver	Director	39 Tobin Lane Bristol, R. I.
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, R. I.
	Director	
Albert Oliver	President	39 Tobin Ln. Bristol, R. I.
Albert Alan Oliver	Vice President	19 Leila Jean Dr. Bristol, R.I.
Albert Alan Oliver	Secretary	" " "
Albert Oliver	Treasurer	39 Tobin Ln. Bristol, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	N/A	N/A	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	N/A	N/A	No Par Value

Dated: 3/15 19 84

Oliver Insurance Agency, Inc.

(Name of Corporation)

By

Title

(Report must be signed 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 for information. 277-3040

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 year 1983

FIRST: The name of the corporation is Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is conducting a general
real estate and insurance agency

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address). 645 Metacom Ave. Bristol, Rhode Island 02809

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Albert Oliver	Director	645 Metacom Ave. Bristol, R.I.
A. Alan Oliver	Director	"
	Director	
Albert Oliver	President	same as above
	Vice President	
A. Alan Oliver	Secretary	"
Albert Oliver	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	2	No Par

Dated: February 15, 1983

Oliver Insurance Agency, Inc.

(Name of Corporation)

By:

President

FEB 28 1983

(Report must be signed 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 for information. 277-3040

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 year 1982

FIRST: The name of the corporation is Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Insurance

FOURTH: If foreign corporation, address of its principal office
n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) P.O.Box 68 645 Metacom Ave. Bristol, R. I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Albert Oliver	Director	1112 Hope St. Bristol, R. I.
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, R.I.
	Director	
Albert Oliver	President	1112 Hope St. Bristol, R. I.
Albert Oliver	Vice President	" " " "
Albert Alan Oliver	Secretary	19 Leila Jean Dr. Bristol, R. I.
Albert Oliver	Treasurer	1112 Hope St. Bristol, R. I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	n/a	n/a	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	n/a	n/a	no par value

Dated: January 11 19 82

Oliver Insurance Agency, Inc.
(Name of Corporation)

By Albert Oliver

Title President

(Report must be signed by an officer)

JAN 14 1982

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

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

Oliver Insurance Agency, Inc.

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 Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

645 Metacom Avenue Bristol, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Ferdinand A. Bruno

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

n/a

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Albert Oliver	Director	1112 Hope St. Bristol, R. I.
Albert Alan Oliver	Director	19 Leila Jean Dr. Bristol, R. I.
	Director	
	Director	
	Director	
	Director	
Albert Oliver	President	1112 Hope St. Bristol, R. I.
	Vice President	
Albert Alan Oliver	Secretary	19 Leila Jean Dr. Bristol, R. I.
Albert Oliver	Treasurer	1112 Hope St. Bristol, R. I.

SEVENTH: 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	3 - 3 81 no par value	Par Value per Share or Statement that Shares are without Par Value
600	n/a	n/a		

MAR 3 1981

8791A14...1500CBL

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Shares are without Par Value</u>
600	n/a	n/a	no par value

Oliver Insurance Agency, Inc.
(NAME OF CORPORATION)

By

Its President

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

Oliver Insurance Agency, Inc.

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 Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

645 Metacom Avenue, Bristol, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Ferdinand A. Bruno, 200 South Main Street, Providence, R. I. 02903

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is conducting a general real estate & insurance agency

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Albert Oliver	Director	645 Metacom Ave. Bristol, R.I.
A. Alan Oliver	Director	"
	Director	
	Director	
	Director	
	Director	
Albert Oliver	President	same as above
	Vice President	
A. Alan Oliver	Secretary	"
Albert Oliver	Treasurer	"

SEVENTH: 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
600	Common	1000	No Par

.....15.00
\$105A14.....15.00BL

JAN 10 1980

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:

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

Dated January 7, 1980 Oliver Insurance Agency, Inc.
(NAME OF CORPORATION)

By 
Its President

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

Oliver Insurance Agency, Inc.

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 Oliver Insurance Agency, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

645 Metacom Avenue, Bristol, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Ferdinand A. Bruno, 200 South Main Street, Providence, R. I. 02903

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is insurance agency

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Albert Oliver	Director	645 Metacom Ave. Bristol, R.I.
A. Alan Oliver	Director	"
	Director	"
	Director	"
	Director	"
	Director	"
Albert Oliver	President	Same as above
	Vice President	"
A. Alan Oliver	Secretary	"
Albert Oliver	Treasurer	"

SEVENTH: 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
600	Common	79	No Par

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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:

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

Dated January 26 , 19 79

Oliver Insurance Agency, Inc.
(NAME OF CORPORATION)

By

Arthur J. Oliver
Its President

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
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	Director	
	Director	
	Director	
	Director	
	Director	
Albert Oliver	President	1112 Hope St. Bristol, R. I.
	Vice President	
A. Alan Cliver	Secretary	1112 Hope St. Bristol, R. I.
Albert Oliver	Treasurer	1112 Hope St. Bristol, R. I.

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600	n/a	n/a	no par value

JAN 23 1978

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<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	n/a	n/a	no par value

Dated 1/10/ , 19 78

Oliver Insurance Agency, Inc.
(NAME OF CORPORATION)

By

Robert H. Oliver

Its President

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

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	Director	
	Director	
	Director	
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	Vice President	
Aida Oliver	Secretary	See Above
Albert Oliver	Treasurer	See Above

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JAN 14 1977
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600	n/a	n/a	no par value

Dated January 6 , 19 77

Oliver Insurance Agency, Inc.

(NAME OF CORPORATION)

By

Robert J. Oliver

Its President

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

OLIVER INSURANCE AGENCY, INC.

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	Director	
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	Vice President	
Aida Oliver	Secretary	See Above
Albert Oliver	Treasurer	See Above

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600	n/a	n/a	no par value

JAN 7 1976
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<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	n/a	n/a	no par value

Dated January 5, 1976

OLIVER INSURANCE AGENCY, INC.
(NAME OF CORPORATION)

By

Robert Oliver
Its President

FEB 16-76 SEC-02 3700-0314 12***15.00

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

Oliver Insurance Agency, Inc.

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	Director	
	Director	
Albert Oliver	President	See Above
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Aida Oliver	Secretary	See Above
Albert Oliver	Treasurer	See Above

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600	N/A	N/A	No par value

JAN 8 1975

132

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	N/A	N/A	No par value

Dated *January 6, 1974*

Oliver Insurance Agency, Inc.
(NAME OF CORPORATION)

By *Albert M. Oliver*
Its *President*

IN 23-75 SEC-OF STATE 1978 48***\$15.00

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****OLIVER INSURANCE AGENCY, INC.**

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JAN 24 1974 *JW*

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<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	n/a	n/a	no par value

Dated 1/21, 1974

OLIVER INSURANCE AGENCY, INC.
(NAME OF CORPORATION)

By

Arthur H. Oliver

Its

president

FEB -5-74 SEC-OF STATE 9884 AR***15.00

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

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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	n/a	n/a	no par value

Dated February 12, 1973.

OLIVER INSURANCE AGENCY, INC.
(NAME OF CORPORATION)

By 
Its President

FEB 22 73 500 15.00