

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

Matthew A. Brown, Secretary of State

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 BIACK)

| <u> </u> | - · · · | | | | _ |
|--|---|---------------------------|---|---------------------------------|-------------------------------|
| 1. Corporate ID No. | 2. Name of Corporation | | | <u> </u> | |
| 19857 | OLIVER INSUR | ANCE AGENCY, INC. | | | |
| 3. Street Address Principal Business (| = | | City | State | Zip |
| 645 Metaco | m Avenue | | Bristol | RI | 02809 |
| 4. Business Phone No. | 50 4000 | 5. State of Incorporation | n | • | 6. SIC Code |
| 401 2 | 53 4900 | RHODE ISLAN | D | | 5702 |
| 7. Brief Description of the Character INSURANCE AGENCY | of Business Conducted in | | | | - |
| 8. NAMES AND ADDRESSES | OF THE OFFICER | S: ("X" BOX FOR AT | TACHMENT) | SPACES BEFORE USING | ATTACHMENTS |
| President Name | | . (| Vice President Name | . 01.1020 1.21 0.11 001.11 | 3 111 111 011 111 111 |
| Alber | t Oliver | | Albert A | lan Oliver | |
| Sirvet Address | COLIVEL | | Street Address | TIAN OILVEL | |
| | bin Lane | | | <u>e S</u> treet | |
| City | State | Zip | : City | State | Zip |
| Bristol | RI | 02809 | Bristol | RI | 1 ' |
| Secretary Name | . 1 | 1 | Treasurer Name | | |
| • | ame Alan Ol | iinas | | | |
| Street Address | ert Alan Ol | tret | Street Address | liver | |
| 1145 Hope Street | | | | in Lane | |
| City | State | T | | State | 7/4 |
| Bristol | RI | 02809 | City | | 02800 |
| 9. NAMES AND ADDRESSES | 1 | | Bristo. | l RI In spaces before usi | 02809 |
| Director Name | OF THE DIRECTO | RS: (X BUX FUR) | Director Name | IN SPACES BEFORE USI: | NG ATTACHMENTS |
| | ert Oliver | | Director Name | | |
| Since Address | - Oliver | <u> </u> | Street Address | | |
| | Tobin Lane | | STATE MILLION | | |
| City | State | Zip | Cim | Louis | 7/0 |
| Bristol | RI | 02809 | Clty | State | Zip |
| • | Ţ <u>ĸ</u> . | | *************************************** | | |
| Director Name | | | Director Name | | |
| Street Address | | <u>–</u> | | <u>-</u> | |
| Street Mauress | | | Street Address | | |
| City | State | Zip | Cin | State | Zip . |
| | | 1.7 | | | 1 |
| 10. SHARES AUTHORIZED | ("X" BOX FOR AT | I TACHMENT) □ | 11. SHARES ISSUED | ("X" BOX FOR ATTACH | IMENT) □ |
| AUTHORIZED SHARES | (A DOK I OK M) | | ISSUED SHARES | (A BOX FOR MINCH | ment) |
| Number of Shares | Class/Sortes | Par Value | | Class/Series | L Ban Mata |
| rumer of source | CHISOSCHICS | | Number of Shares | Class/Series | Par Value |
| 600 COMM NO PAR VALUE | | | 600 | N / A | _ |
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| | | | | | Ì |
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| This report must be s | iigned in ink by cit | her the President, Vice | e President, Secretary, Assis | tant Secretary, Treasurer, | Receiver or Trustee |
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| | . | III III | Linder penalty of a | verium. I declare and affirm th | nat I have examined this repo |
| | | | | | ements, and that all statemen |
| , , | | | contained herein a | | |
| 1/5/D5 | | | () 11. 4 | 0100 | 1/2/10 |
| File Date | | | Signature of Officer | un YLun- | 1/3/03 |
| Check No. 41981 | | | signature of Officer | | Date |
| - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ALBERT | MAMU OLIU | 62 |
| $ B_{\mathbf{y}} = \bigcup_{i \in \mathcal{Y}_i}$ | | | Print or Type Name | of Officer | |
| **, | | | - 1/12. | PRISIDENT | • |
| FOR SECRETARY OF STA | ATE USE ONLY | | Title of Officer | - 1 -13102/1 | |
| | | _ | rine of Officer | | Form 630 Pay 12/03 |



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 _____

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|---|---|----|---|--|--|

| 19857 | 2. Name of Corpor | BURANCE AGENCY, INC. | | | | |
|--|---|-----------------------------|--|--|----------------------|--|
| Street Address Principal Busine | | SURANCE AGENC 1, INC. | City | State | Zip | |
| | acom Avenu | e | Bristol | RI | 02809 | |
| Business Phone No. | | 5. State of Incorporation | | | G. SIC Code | |
| 401 253 4900 | 1 | RHODE ISLANI | 1 | | 5702 | |
| Brief Description of the Character INSURANCE AGENC | ter of Business Conducte | | | | | |
| | | ERS: ("X" BOX FOR ATT | ACHMENT) | SPACES BEFORE USING | G ATTACHMENTS | |
| resident Name | | | Vice President Name | | | |
| Albert Oli | ver | | Albert Al | an Oliver | | |
| reet Address | | | Street Address | | | |
| 39 Tobin L | ane | | 1145 Hope | Street | | |
| цу | State | Zip | City | State | Zip | |
| Bristol | RI | 02809 | Bristol | RI | l ù s 8 ū a | |
| ecretary Name | | | Treasurer Name | | | |
| Albe | rt Alan Ol | iver | Albert Ol | liver | | |
| reet Address | | <u> </u> | Sireet Address | | | |
| 1145 | Hope Stree | ·t | 39 Tobin Lane | | | |
| ity: | State | Zip | City | State | Zip | |
| Bris | tol RI | 02809 | Bristol | RI | 02809 | |
| | | • | • | | | |
| | | TORS: ("X" ROX FOR A | · | N SPACES BEFORE USI | ING ATTACHMENTS | |
| . NAMES AND ADDRESS Director Name | SES OF THE DIREC | TORS: ("X" BOX FOR A | TTACHMENT) FILL I Director Name | N SPACES BEFORE US | ING ATTACHMENTS | |
| . NAMES AND ADDRESS Director Name | | TORS: ("X" BOX FOR A | Director Name | N SPACES BEFORE USI | ING ATTACHMENTS | |
| . NAMES AND ADDRESS Director Name Albe | ert Oliver | TORS: ("X" BOX FOR A | · | N SPACES BEFORE USI | ING ATTACHMENTS | |
| . NAMES AND ADDRESS Director Name Albe | SES OF THE DIREC | TORS: (*X" BOX FOR A | Director Name | | | |
| . NAMES AND ADDRESS Director Name Albe | ert Oliver Tobin Lane | Zíp | Director Name | N SPACES BEFORE USI | ZIP | |
| . NAMES AND ADDRESS Director Name Albertreet Address 39 | ert Oliver Tobin Lane | | Director Name Street Address | | | |
| . NAMES AND ADDRESS birector Name Albe treet Address 39 1 | ert Oliver Tobin Lane | Zíp | Director Name Street Address | | | |
| NAMES AND ADDRESS Director Name Albertreet Address 39 1 | ert Oliver Tobin Lane | Zíp | Director Name Street Address City | | | |
| NAMES AND ADDRESS Director Name Albertreet Address 39 1 | ert Oliver Tobin Lane | Zíp | Director Name Street Address City | | | |
| NAMES AND ADDRESS Sirector Name Albeitreet Address 39 7 City Bristol Director Name | ert Oliver Tobin Lane | Zíp | Director Name Street Address City Director Name | | | |
| NAMES AND ADDRESS Director Name Albertreet Address 39 12 Tay Bristol Director Name Street Address | Ses OF THE DIRECT COLOR | Zip 02809 | Director Name Street Address City Director Name Street Address City | State | Zip Zip | |
| Albertand Address Treet Address Bristol Director Name Street Address Tity Orector Name | Ses OF THE DIRECT COLOR | Zip 02809 | Director Name Street Address City Director Name Street Address City | State State | Zip Zip | |
| NAMES AND ADDRESS Director Name Albertreet Address 39 12 Tay Bristol Director Name Street Address | Ses OF THE DIRECT COLOR | Zip 02809 | Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED | State State | Zip Zip | |
| NAMES AND ADDRESS Director Name Albeitreet Address Bristol Director Name Direct Address Direct Address Direct Address | State State Class/Series | Zip 02809 Zip ATTACHMENT) | Director Name Street Address City Director Name Street Address City 11. SHARES 15SUED ISSUED SHARES | State State State ("X" BOX FOR ATTAC. | Zip Zip HMENT) | |
| NAMES AND ADDRESS birector Name Albeitreet Address 39 12 Tity Bristol Director Name Tity A.O. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares | State State Class/Series | Zip 02809 Zip ATTACHMENT) | Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES Number of Shares | State State State Class/Series | Zip Zip HMENT) [] | |

Under penalty of perjury, I declare and affirm that I have examined this report.

including any accompanying schedules and statements, and that all statements

| | * 1 9 8 5 7 * | | | | |
|---------------------------------|---------------|--|--|--|--|
| File Date | 1-2-04 | | | | |
| Check No. | 40197 | | | | |
| Ву: | <u>a</u> | | | | |
| FOR SECRETARY OF STATE USE ONLY | | | | | |

| contained herein are true and correct. | |
|--|---------------------|
| allet Or Dew | 12/30/03 |
| Signature of Officer | Date |
| Print or Type Name of Officer | |
| Print or Type Name of Officer | - |
| Title of Officer | |
| Title of Officer | Form 630 Rev. 12/03 |

2. Name of Corporation

OLIVER INSURANCE AGENCY, INC.

(FORM MUST BE TYPED OR PRINTED IN BLACK)

I. Corporate ID No.

19857

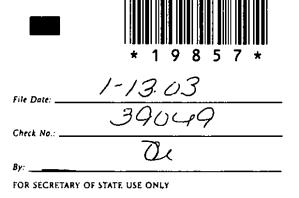
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

| 3. Stree | rt Address Principal Business | Office | | City | State | Zip |
|----------|-------------------------------|----------------|---------------------------|---|---------------------------|-------------|
| | 645 Metaco | om Avenue | | Bristol | RI | 02809 |
| 4. Busi | ness Phone No. | | 5. State of Incorporation | on | | 6. SIC Code |
| | 401 253 49 | 900 | RHODE ISLA | ND | | 5702 |
| 7. Brief | Description of the Characte | | | | | |
| | | Insur | ance Agency | | | |
| | AMES AND ADDRES | SES OF THE O | FFICERS ("X" BOX FOR ATT | FACHMENT) FILL IN SPA Vice President Name | CES BEFORE USING ATTA | CHMENTS |
| Street A | Albert Oli | ver | | . Albert Street Address | Alan Oliver | |
| | 39 Tobin La | ane | | 1145 F | iope Street | |
| City | | State | Zip | City | State | Zip |
| - | Bristol | RI | 02809 | Bristo | ol RI | 02809 |
| Secretar | ry Name | • | | Treasurer Name | | |
| Street A | Albert Alam | n Oliver | | Albert | Oliver | |
| | 1145 Hope | Street | | 39 Tob | oin Lane | |
| City | | State | Zip | City | State | Zip |
| | Bristol | RI | 02809 | Bristo | ol RI | 02809 |
| 9. NA | | SES OF THE D | IRECTORS ("X" BOX FOR A | ATTACHMENT) FILL IN S Director Name | PACES BEFORE USING AT | TACHMENTS |
| | Albe | rt Oliver | | | | |
| Street A | | | | Street Address | | |
| | 39 T | obin Lane | | | | |
| City | | State | Zip | City | State | Zip |
| Directo | Bristol Name | . ' 1 | RI 02809 | Director Name | | • • • |
| Street A | address | | | Street Address | | |
| City | | State | Zip | City | State | Zip |
| | HARES AUTHORIZE | D ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSU | ED (*x* box for attachmen | IT) |
| Number | r of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 | COMM NO PAR VAL | JE | | 600 | N/A | No Par Val |

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.

| alet al | Dlum 1/10/03 |
|----------------------|--------------|
| Signature of Officer | Date |
| NAC No | 10130- |

Print or Type Name of Officer

Title of Officer

€ 5

Form 630 12/02



Edward S. Inn. an, 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 |

| STOP. PLEASE READE INSTRUCTIONS | |
|---------------------------------|--|
| INSTRUCTIONS | |

| Filing Per | iod: January 1-March 1 • | Filling Fee: \$50.00 | | | INSTRUCTIONS |
|-----------------|---|--|--------------------------|--------------------------|----------------------------|
| | BE TYPED IN BLACK) | | _ | | |
| 1. Corporate ID | , , | | - | | • |
| 19857 | | RANCE AGENCY, INC. | _ | | |
| | s Principal Business Office | | City | State | 21p 02800 |
| 4. Business Pho | 45 Metacom Avenue | f. Comments and the | Bristol | RI | 02809 |
| |)1 253 4900 | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 5702 |
| | ion of the Character of Business Conducted in | | | | 3102 |
| • | Insurance A | | | | |
| 8. NAMES | AND ADDRESSES OF THE OFFIC | ERS ("X" BOX FOR ATTACH | MENT) FILL IN SPACE | S BEFORE USING ATTAC | HMENTS |
| President Name | • | | Vice President Name | | |
| Street Address | Albert Oliver | | Street Address | an Oliver | |
| | 39 Tobin Lane | | 19 Leila | Jean Drive | |
| City | State | Zip | City | State | Zip |
| | istol RI | 02809 | Bristol | RI | 02809 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | Albert Alan Oliver | - | Albert Oli | ver | |
| | 19 Leila Jean Driv | e, | · 39 Tobin I | Lane | |
| City | State | Zip | City | State | Zip |
| O MANAGE | Bristol RI | 02809 | Bristol | RI | 02809 |
| Director Name | AND ADDRESSES OF THE DIREC | TORS ("X" BOX FOR ATTAC | Director Name | JES BEFORE USING ATTA | CHMENTS |
| | Albert Oliver | | į | | |
| Street Address | 20 Mahin Iana | | . Street Address | | |
| City | 39 Tobin Lane | 71- | ÷. | _ | · |
| City | Bristol ' RI | 028 09 | , City | State | Zip |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | AUTHORIZED ("X" BOX FOR ATTAC | HMENT) | . · - | (*X* BOX FOR ATTACHMENT | , - |
| Number of Share | | Par Value | ISSUED SHARES | C1 | |
| | I NO PAR VALUE | / 01 TOINT | Number of Shares | Class/Series | Par Value |
| | THO PARTACOL | | 600 | N/A | No Par Value |
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| This report | must be signed in ink by eithe | r the President. Vice Pi | resident, Secretary, Ass | sistant Secretary Treasu | rer. Receiver or Trustee |
| • | | | ,,, -100 | otoreway, recubu | , necesses of market |



| хa | m | in | ec | 1 | |
|----|---|----|----|---|--|

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

FOR SECRETARY OF STATE USE ONLY

Check No.: ,

r. __ K20 12/01

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

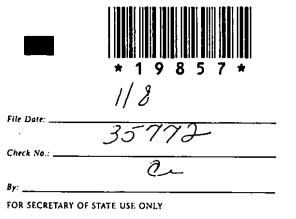
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READINSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

| 1. Corpora | " 19857 | OLIVER INS | URANCE AGENCY, I | NC. | | |
|--------------------|---------------------------------------|----------------------------|---|---|-----------------------------|---|
| 3. Street Ac | ddress Principal Business | Office | | City | State | Zip |
| 4. Business | 45 Metacom s Phone No. 153-4900 | Avenue | 5. State of Incorporation RHODE ISLAND | Bristol | RI | 02809 ⁶ ሄየ <mark>ዕ</mark> ሂ' |
| 7. Brief De | र्राभिक्त वर्दिक वेतावर्क्त | of Business Conducted in R | hode Island | | | |
| 8. NAM President N | ES AND ADDRES | ses of the offict | ERS TE BOX FOR ATTACH | MENT) FILL IN SPACES Vice President Name | S BEFORE USING ATTAC | CHMENTS |
| Street Addr | | lan Oliver | | Albert Ol | iver | |
| City | 19 Leila | Jean Drive | Zip | 39 Tobin | Lane | 7/2 |
| Secretary N | Bristol Mame | RI | ∪2809 | Bristol Treasurer Name | RI | 02809 |
| Street Addr | Albert Al | an Oliver | | Albert Ol | iver | |
| City | 19 Leila | Jean Drive | Zip | 39 Tobin | State | Zip |
| 9. NAM | | RI SES OF THE DIREC | 02809 TORS (*x* BOX FOR ATTAC | Bristol THMENT) FILLIN SPAC Director Name | R I CES BEFORE USING ATT | 02809 achments |
| Street Addr | | rt Oliver | | Street Address | | |
| City | 39 T Bristol | obin Lane State RI | zı, 02809 | City | State | Zip |
| Director No | | K.I | | Director Name | | |
| Street Addr | ress | | | Street Address | | |
| City | | State | Zip | City | State | Zip |
| 10. SHA | | D ("X" BOX FOR ATTAC | HMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMEN | τ) |
| 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



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.

Ollest Olm Olivi 1/04/01
Signature of Officer Date

Officer Day Olive 1

ALBERT ALM DLIVER

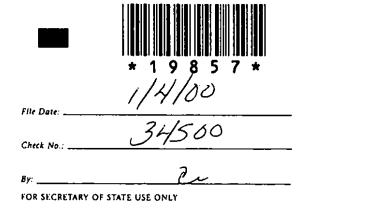
Print or Type Name of Officer

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 BL | ACK) | | | | |
|---|-----------------------------|----------------------------|------------------------|------------------------|----------------------|
| . Corporate ID No. | 2. Name of Corporal | | | | |
| 19857 | | SURANCE AGENCY, IN | | | |
| . Street Address Principal Busines | s Office | | City | State | Zip |
| 645 Metacom 1 Business Phone No. | Avenue | 5. State of Incorporation | Bristol | RI | 02809 6. sic Code |
| 401-253-4900 Brief Description of the Characte | er of Business Conducted is | RHODE ISLAND Rhode island | | | 5702 |
| | | Insurance A | gency | | |
| B. NAMES AND ADDRES resident Name | SSES OF THE OFFI | CERS ("X" BOX FOR ATTACHE | - | S BEFORE USING ATTA | CHMENTS |
| Albert Alan | Oliver | | Albert Oli | ver | |
| uy 19 Leila Jea | an Drive | Zip | Gily 39 Tobin I | ane State | Zip |
| Bristol ecretary Name | RI | 02809 | Bristol Treasurer Name | RI | 02809 |
| Albert Alan | Oliver | | Albert Oli | ver | |
| 19 Leila Jea | an Drive | | 39 Tobin I | Lane | |
| Bristol | State RI | zip 02809 | Bristol | State RI | ^{zip} 02809 |
| . NAMES AND ADDRES | | CTORS ("X" BOX FOR ATTAC | CHMENT) FILL IN SPAC | CES BEFORE USING AT | TACHMENTS |
| Albert Alai | n Oliver | | Street Address | | |
| 19 Leila Je | ean Drive | | | | |
| ity | State | Zip | City | State | Zip |
| Bristol Mrector Name | RI | 02809 | Director Name | | |
| treet Address | | | Street Address | | |
| ity | State | Zip | City | State | Zip |
| 0. SHARES AUTHORIZI | ED ("x" box for atta | ACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMEN | T) |
| UTHORIZED SHARES | | | ISSUED SHARES | | |
| umber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | COM | | 600 | N/A | |



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.

26BENT



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

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| PLEASE | READ: TIOSS |
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| | ST BE TYPED IN BLACK | | | | | |
|----------------|-----------------------------|---------------------------------|--|--------------------------|---|------------------------------|
| 1. Corporate | ID No. 19857 | 2. Name of Corporati OLIVER INS | URANCE AGENCY, I | NC. | | |
| 3. Street Add | fress Principal Business Of | Mce - | • • | City | State | Zip |
| 6 | 45 Metacom | Avenue | | Bristol | ' RI | 02809 |
| 4. Business F | Phone No. | | S. State of Incorporation RHODE ISLANI | • | | 6. SIC Code 5702 |
| | 01-253-4900 | | | , | | |
| 7. Brief Desci | ription of the Character of | f Business Conducted in | | | | |
| 5 NINE | C AND ADDRESS | SE OF THE OFFI | Insurance Age | INCY | REFORE USING ATTA | CHMENTS |
| President Na | | 25 OF THE OFFIC | TERS (Y BOX LOK WINCL | Vice President Name | BELOKE CONTO XI IV | CINIENTS |
| A | lbert Alan | Oliver | | . Albe | rt Oliver | |
| Street Addres | · | • | | Street Address | | · |
| | 9 Leila Je | an Drive | | <u>:</u> 39 T | obin Lane | |
| City | | State | Zip | City | State | Zip |
| | Bristol | RI | 02809 | Bristol | <u>l RI</u> | 1 02809 |
| Secretary Na | | | | Treasurer Name | - • | |
| Street Addres | Albert Alan | Oliver | | Albert_O | liver | |
| - | " 19 Leila Je | an Drive | | 39 Tobin | Lane | |
| City | | State | ·- · Zip | City | State | Zip |
| E | Bristol | | . 02809 | Bristol | RI | 02809 |
| 9. NAME | S AND ADDRESSI | ES OF THE DÎRE | CTORS ('X' BOX FOR ATT) | CHMENT) 🛴 FILL IN SPAC | ES BEFORE USING ATT | ACHMENTS |
| Director Nan | | | | Director Name | | |
| | | lan Oliver | · | Street Address | | |
| Street Addres | | Jean Driv | · e | 2016ct Mantess | | |
| City | | i State | ZIP | : City | State | Zip |
| , I | Bristol | l RI | 02809 | | • · · · · · · · · · · · · · · · · · · · | |
| Director Nan | me | | | Director Name | | |
| | | | | <u> </u> | | |
| Street Addres | 33 | | | Street Address | | |
| | | | | <u>:</u> | State | Zip |
| City | | State | Zip | City | 3.016 | 2.0 |
| TO SHAD | DES AUTHORIZEN | GEVE BOY FOR ATTA | CHARNE) | 11 SHARES ISSUED | ("X" BOX FOR ATTACHMEN | |
| AUTHORIZED | RES AUTHORIZED | T X_BOX FOR ALLA | CHMENT) | ISSUED SHARES | TA BOX TON MITACIONES | |
| Number of S | | Class/Serles | Par Value | Number of Shares | Class/Sertes | Par Value |
| | · - · · | | | | | |
| 500 5 | SHS NO PAR CO | - - | | 600 | N/A | NO Par Value |
| | - | | | | † | ! |
| | | | | 1 | · | |
| This repo | ort must be signe | d in ink by eith | er the President, Vice | President, Secretary, As | sistant Secret <mark>ary, Tre</mark> a: | surer, Receiver or Trustee |
| | | | | | | |

| * 1 9 8 5 7 * | Under penalty of perjury, I declare and affirm that I have examined |
|------------------|--|
| File Date: | this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |
| Check No.: 34280 | Signature of Officer Mut a Clum 1/1.2/99 Print or Type Name of Officer |
| By: | ALBERT A. ChIVER |

Title of Officer . وسر

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

STOP PIESSERIAD INSTRUCTIONS

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| (FORM N | MUST BE TYPED IN BLA | CK) | | | | |
|-------------|-----------------------------|---|---|------------------------|------------------------|---------------|
| 1. Carpor | ate ID No. | 2. Name of Corporation | 1 | | | |
| 19 | 857 | OLIVER INSU | RANCE AGENCY, IN | C. | • | |
| 3. Street i | Address Principal Business | Office | | City | State | Zip |
| | 645 Metaco | m Avenue | | Bristol | RI | 02809 |
| 4. Busine | ss Phone No. | | 5. State of Incorporation | | | 6. SIC Code |
| | 401-253-49 | 00 | RHODE ISLAND | 1 | | 5702 |
| 7. Brief D | escription of the Character | of Business Conducted in F | thode Island | | | |
| | | In | surance Agency | <i>!</i> | | |
| 8. NA | MES AND ADDRESS | SES OF THE OFFIC | ERS ("X" BOX FOR ATTACH | | | |
| President | | | | Vice President Name | | |
| | Albert Ala | n Oliver | | Albert (| Oliver | |
| Street Ad | | | | Street Address | _ | |
| | 19 Leila J | | | 39 Tobii | n Lane State | Zip |
| City | Brickol | State R I | 21p 02809 | City | RI | 02809 |
| _ | Bristol | K1 | 02003 | Bristol Treasurer Name | K1 | 02009 |
| Secretary | | - 01ivor | | Albert Oli | vor | |
| Street Ad | Albert Ala | n Oliver | | Street Address | VEI | |
| Jireet Ma | "". 19 Leila J | ean Drive | | 39 Tobin La | ane | |
| City | 17 20114 0 | State | Zip | Clth 28 IODIU Pe | State | Zip |
| City | Bristol | RI | 02809 | Bristol | RI | 02809 |
| Q NIAI | MES AND ADDRES | SES OF THE DIREC | CTORS ("X" BOX FOR ATTA | | | |
| Director . | | JES OF THE DIREC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Director Name | | |
| | Albert | Alan Oliver | | | | |
| Street Ad | dress | | | Street Address | | |
| | 19 Lei1 | a Jean Driv | е | • | | |
| City | | State | Zip | City | State | Zip |
| | Bristol | RI | 02809 | | | |
| Director | Name | | | Director Name | • • • • | • |
| | | | | | | |
| Street Ad | ldress | | | Street Address | | |
| | | | | . | f | 21- |
| City | | State | Zip | City | State | Zip |
| | | 5 (200 550 550 550 550 550 550 550 550 550 | | 11 CHAREC ICCHED / | *X* BOX FOR ATTACHMENT | 1 |
| | IARES AUTHORIZE | D ("X" BOX FOR ATTAC | ,HMENI) | II. SHARES ISSUED (| A BUX FUR ATTACHMENT | , |
| | IZED SHARES | Ciass/Series | Par Value | Number of Shares | Class/Series | Par Value |
| Number | of Shares | Ciass/Series | rai value | · | 0.000,000 | ••• |
| 600 | SHS NO PAR CO | ОМ | | 600 | N/A | ; o Par Value |
| 300 | | | | 000 | 14/ 42 | , |
| | | | • | | | |
| | | | | | • | |

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

| | * 1 9 8 5 7 * |
|-----------------------|---------------------|
| | 1.1.98 |
| File Date: Check No.: | 31459 |
| Ву: | NOP |
| FOR SECRETAR | Y OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that 1 have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date Date

Print or Type Name of Officer



FOR SECRETARY OF STATE USE ONLY

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: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 19857_ **L. OLIVER INSURANCE AGENCY, INC.** 3. Street Address Principal Business Office ZIp 645_Metacom_Avenue Bristol RΙ 02809 i. Business Phone No. 5. State of Incorporation 401-253-4900 1. 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) Vice President Name Albert Oliver Albert Alan Oliver Street Address Street Address Leila Jean Drive 39 Tobin Lane Bristol Bristol RΙ 02809 RI 02809 Albert Oliver .Albert Alan.Oliver. Street Address Street Address 39 Tobin Lane 19 Leila Jean Drive City Bristol RI **Bristol** 02809 02809 RI 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 City Bristo1 02809 Director Name Director Name Street Address Street Address City City Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Number of Share: Class/Series 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.

PROFIT CORPORATION ANNUAL REPORT

1996



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

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

| CORPORATE ID HO. | 2. NAME OF CORPORATION | PLEASE TYPE OR | PRINT IN BLACK INK. | | |
|--|---------------------------------------|---------------------------|---|--|-------------------|
| 19857 | OLIVER | INSURANCE AGE | ארע זאר | | |
| TREET ADDRESS PRINCIPAL BUSINESS | | | any | STATE | ZP C00€ |
| 645 Metac | om Avenue | | Bristol | RI | 02809 |
| SINESS PHONE NO. | | 5. STATE OF INCORPORATION | | | 6. SIC COOE |
| 401-253-4 | | RHODE IS | SLAND | | 5702 |
| ES DESCRIPTION OF THE CHARACTER | OF BUSINESS CONDUCTED IN RHODE ISL | e Agency | | | |
| | | | ESSES OF THE O | FFICERS | |
| DENT NAME | - | • • • | VICE PRESIDENT NAME | * ** * *** *** | |
| Albert Ala | n Oliver | | Albert O | liver | |
| 19 Leila J | | | STREET ADDRESS 39 Tobin | Lane | |
| Bristol | RI | 02809 | an Bristol | STATE R I | 21° C00Ε 02809 |
| ETARY NAME | n 01 i.vor | | TREASUMEN MAME Albert O | liver | |
| Albert Ala | n Oliver | | STREET ADDRESS | TIVEL | |
| 19 Leila J | ean Drive | | 39 Tobin | Lane | |
| D | STATE | ZP CODE | ary | STATE | ZIP CODE |
| Bristol | RI | 02809 | Bristol ESSES OF THE D | RI | 02809 |
| CTOR NAME | <u></u> | | ORECTOR NAME | | |
| Albert_Al | an Oliver | | 1 | | |
| | | | STREET ADDRESS | | |
| 19 Lella | Jean Drive | 73° C00€ | igny | STATE | TZIP CODE |
| Bristol | - RI | . 02809 | il " | | J. u.v. |
| TOR NUME | | | DIRECTOR NAME | | |
| ET ADORESS | · · · · · · · · · · · · · · · · · · · | - | !* | | |
| ET ADURESS | | | STREET ADDRESS | | |
| | STATE | ar cos | CTY | STATE | ZIP C99E |
| | | | | | |
| | 10. SH | ARES AUTHOR | IZED AND ISSUE |) | |
| | AUTHORIZED SHARES | | | ISSUED SHARES | · · - · |
| MUNBER OF SHARES | CLASS / SEPTES | PAR VALUE | NUMBER OF SHARES | CLASS / SERVES | PARVALLE |
| 600 SHS NO | PAR COM | | 600 | N/A | No Par Valu |
| | | | ì | | |
| | | | <u> </u> | | |
| | | | | | |
| ······································ | | | | | <u> </u> |
| D | This | report must be SIG | SNED IN INK by either to | he _ | |
| Pre | Sident, vice Presider | nt, Secretary, Assis | tant Secretary, Ireasure | r, Heceiver or Trusti | ee |
| Pre | sident, Vice Presider | nt, Secretary, Assis | tant Secretary, Treasure Under penalty | r, Receiver or Trusto of perjury, I declare and g any accompanying sci | affirm that I hav |

1-18-96. File Date: 33134 Check No: Ву: For Secretary of State Use Only

all statements contained herein are true and correct.

State of Rhode Island and Providence Plantations

401-277-3040

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335

Please Type or Print

ANNUAL REPORT

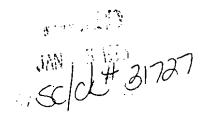
File Annually - Jan. 1 - March 1 Filing Fee \$50.00

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 INSURANC | E 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: | WBusiness Corporation (See RIGL Chapter 7-1.1) |
| tor roteign entity, address and telephone number of principal office. | Professional Service Corporation (See RIGL Chapter 7-5.1) |
| The second of th | [] Trotessional betwee corporation (See RIGE chapter 7-5.1) |
| | Brief statement of the character of business conducted in Rhode Island: |
| Phone: (401) 353-4900 | |
| Address and telephone of the principal office of business entity in Rh | ode <u>Idsurade</u> |
| Island (Provide street address - Not P.O. Box): | |
| 645 METACOM AVE | |
| BRISBL , R. I 02809 | |
| m (///) 1253-1/200 | |
| Phone: (401) 253-4900 | |
| THE NAM | MES OF THE OFFICERS ARE: |
| PRESIDENT | STREET ADDRESS CITY/STATE ZIP CODE |
| ALBERT ALAN OLIVER | 19 LEILA JEAN DR. BRISDI, R. TOLSUZ STREET ADDRESS CITY/STATE ZIP CODE |
| VICE PRESIDENT | STREET ADDRESS CITY/STATE Z:P CODE |
| ABACI CLIVEN 39 T | OBIN LA BUSAL R.I COLFOG |
| SECRETARY | STREET ADDRESS CITY/STATE ZIP CODE |
| TREASURER TO THE TREASURER | STREET ADDRESS CITY/STATE ZIP CODE |
| ALBERT OLIVER 39 TO | Promo a company of the company of th |
| | |
| NAME THE INAM | 1ES OF THE DIRECTORS ARE: STREET ADDRESS CHYSTATE ZIP CODE |
| ALBERT ALAN OLIVER 1 | GLELLA JUAN DE BUISTON P.I 02807 |
| NAME CONTRACTOR OF THE PROPERTY OF THE PROPERT | STREET ADDRESS CITYSTATE / ZIP CODE |
| | |
| NAME: | STREET ADDRESS CITY/STATE ZIP CODE |
| | |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |
| | . TOPIDER OF STITIKES INSUED AND OUTSTANDING (Rider may be adjactice) |
| Number of Shares Class / Series | Number of Shares Class / Series |
| 600 NIA | 600 N/A |
| 74/// | 000 11/11 |
| NO PAK VACUE | No PAR VACUE |
| THE PACE | I NO PAR VACUE |
| | |
| Date DEC. 22 1924 | BY: ALBRICT ALAN OLIVER |
| , | Albert Ilon Plin |
| Form 04 - 470F | PRINT OR TYPE NAME OF OFFICER SIGNING |
| Fcm 31 1/95 | TITLE OF OFFICER SIGNING PREGIDEN T |
| DESIGNATED REGIST | ERED AGENT FOR SERVICE OF PROCESS: |
| PLEASE NOTE: If the registered office and/or registered agent inc | dicated below is incorrect. Form 0 must be filed |

ALBERT OLIVER 645 METACOM AVENUE BRISTOL RI 02809



Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

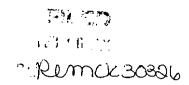
State of Rhode Island and Providence Plantations Office of The Secretary of State

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

| 0019857 | Annual Report for the year: |
|--|---|
| Name of Business Entity: | OLIVER INSURANCE AGENCY, INC. |
| · | Business Entity is (check one): |
| Business entity organized under the laws of the State of RI | by J. Business Corporation (See RIGL Chapter 7-1.1) |
| For foreign entity, address and telephone number of principal office. | [] 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 |
| | |
| Phone. (401) 253-4900 | Bristol RI 02809 |
| Address and telephone of the principal office of business entity in RF Island (Provide street address - Not P.O. Box): | |
| 645 Metacom Avenue | Bnef statement of the character of business conducted in Rhode Island: |
| Bristol, Rhode Island | |
| BITSCOT, RHOUE ISLAND. | Date of Organization: 2/19/65 |
| Phone (401) 253-4900 . | Date of Qualification to do business in Rhixle Island (if foreign entity) |
| | <u> </u> |
| THE NA | MES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE ZIPC |
| · · · · · · · · · · · · · · · · · · · | |
| Albert Oliver 39 Tobi | STREE AUGRESS CITY/STATE ZIPC |
| Albert Alan Oliver 19 Leil Custopian of Records on Assertant (Check One) | la Jean Drive, Bristol, RI 02809 zaro |
| | 1a Jean Drive, Bristol, RI 02809 |
| Albert Gliver 39 Tob | MES OF THE DIRECTORS ARE: |
| NAME INC. INC. | STREET ADDRESS CITYATATE ZPC |
| NAMI Albert - Oliver 39 Tob | in Lang Bristol, RI 02809 |
| NAME | STREET ADDRESS CITY/STATE ZIPC |
| · | |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |
| NUMBER 600 | NUMBER None Issued |
| CLASS N/A | CLASS N/A |
| SERIES N/A | SERIES N/A |
| PAR VALUE OR NO PAR VALUE WITHOUT PAR | PAR VALUE OR NO PAR VALUE WITHOUT PAR |
| Date <u>January 26</u> , 19 <u>94</u> | By Allet Moderin |
| | Albert Alan Oliver |
| | Vice President TOUR OF OTHER SKEMING |
| Com 31: 1/94 | |
| 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
ERISTOL RI 02609



Form 31 1/85

| Filing Fee \$50.00 | con som s | 27972 9B | January 1st and March 1st |
|-------------------------|------------------------------|--|---------------------------------|
| State | CORPORATI 100 NORTH | ind Providence Plantati IONS DIVISION MAIN STREET IODE ISLAND 02903 | ons |
| Corporate ID 00198 | 957 | Annual Report for the ye | ear 1993 |
| FIRST: The name of the | e corporation is | OLIYER INSURANCE AG | ENCY. INC. |
| Second: It is incorpora | ated under the laws of | Rhode Island | |
| THIRD: Character of bu | usiness, briefly stated, is | Insurance | |
| FOURTH: If foreign cor | poration, address of its pri | incipal office. | |
| | | N/A | |
| FIFTH: Business address | s in Rhode Island6.4.5 | MetacomAvenue.,Bristo | 1 RI 02809 |
| SIXTH: Names and add | resses of its directors and | Officers: Address (including numbe | (Attach rider if necessary) |
| Albert Oliver | Director | 39 Tobin Lane, Br | isto1, RI 02809 |
| Albert Alan Olive | r Director | 19 Leila Jean Dri | ve, Bristol, RI 02809 |
| • | Director | | |
| Albert Oliver | President | 39 Tobin Lane, Br | istol, RI 02809 |
| Albert Alan Oliver | Vice Presider | nt 19 Leila Jean Dri | ve, Bristol, RI 02809 |
| Albert Alan Oliver | Secretary | 19 Leila Jean Dri | ve, Bristol, RI 02809 |
| Albert Oliver | Treasurer | 39 Tobin Lane, Br | istol, RI 02809 |
| SEVENTH: Number of S | hares authorized: | | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 600 | N/A | N/A PAID | No Par Value |
| Eіднтн: Number of Sh | ares issued: | JAN 1 4 199 SEC'Y OF STA | Par Value |
| No. of Shares | Class | Series | shares are without par value |
| Dated January 14th | | Oliver Insurance Age Mame of Corporation) A Mark Alm De | gency, Inc. |
| (Report must be signer | thu an officer) Ti | tle Vice Dresident | |

Form 31 1/85

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 INSURAN | CE.AGENCY,INC |
| SECOND: It is inco | orporated under the laws of | Rhode Island | |
| THIRD: Character | of business, briefly stated, is | Insurance | |
| FOURTH: If foreign | n corporation, address of its | principal office | |
| | | N/A | |
| FIFTH: Business ac | ddress in Rhode Island | | |
| | 645 MetacomAver | nue. Bristol, Rhode Is | land 02809 |
| SIXTH: Names and | d addresses of its directors an | d officers: Address (including nu | (Attach rider if necessary) mber, street, zip code) |
| Albert Oliver | Director | 39 Tobin Lane | Bristol, RI 02809 |
| Albert Alan O | liver Director | 19 Leila Jean | Drive Bristol RI 0280 |
| ••••• | Director | | |
| Albert Oliver | President | 39Tobin Lane | . Bristol RI 02809 |
| Albert Alan O | liver Vice Presid | dent 19 Leila Jean | Dr. Bristol RI 02809 |
| Albert Alan O | liver Secretary | 19 Leila Jean | Dr. Bristol RI 02809 |
| Albert Oliver | Treasurer | 39 Tobin Lane | Bristol RI 02809 |
| SEVENTH: Numbe | r of Shares authorized: | | Par Value or statement that shares are without |
| 600 | Class N/A | Series N/A | parvalue No Par Value |
| | , | PAID | |
| Еіднтн: Number | of Shares issued: | FEB 0 7 1992 | Par Value or statement that |
| No. of Shares | Class | SEC'Y, OF STATE | shares are without par value |
| | | Amt 74226 | |
| Dated February 5t | h 19 92 | Oliver Insurance Ag | gency, Inc. |
| | | By Mark DC | Dun |
| (Report must be | signed by an officer) | Title Vice Presider | ıt |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

| rporate IDQQ | 19957 | Annual Report for the year1991 | | |
|----------------------|-----------------------------------|---|--|--|
| FIRST: The name of | the corporation is | OLIVER INSURANC | E AGENCY, INC | |
| SECOND: It is incorp | orated under the laws of | Rhode Ialand | | |
| THIRD: Character of | business, briefly stated, is | Incurance | ••••••••••••••••••••••••••••••••••••••• | |
| FOURTH: If foreign o | corporation, address of its princ | cipal office | | |
| | N | /A | •••••• | |
| FIFTH: Business addr | ress in Rhode Island | ••••••••••••••••••••••••••••••••••••••• | | |
| _ | com Avenue, Bristol, | | . • | |
| SIXTH: Names and a | ddresses of its directors and of | | (Attach rider if necessary) | |
| Albert Oliver | Director | | Bristol, RI 02809 | |
| Albert Alan Ol | | | rive, Bristol, RI 02 | |
| ••••• | Director | •••••• | | |
| Albert Oliver | President | 39 Tobin Lane. F | Bristol, RI 02809 | |
| Albert Alen Ol: | | | rive, Bristol, RI 028 | |
| Albert Alon Ol: | | | rive, Bristol, RI 02 | |
| Albert Oliver | Treasurer | | Bristol, RI 02809 | |
| SEVENTH: Number o | f Shares authorized: | | Par Value or statement that shares are without | |
| No. of Shares 600 | Class N/A | N/A PAID | par value No Par Value | |
| EIGHTH: Number of | Shares issued: | JAN 04 1991 SEC'Y OF STATE | Par Value | |
| | | SECTY OF STATI | or statement that shares are without | |
| No. of Shares | Class | Series | par value | |
| cdJanuary 3rd | 10 91 | Oliver Insurance A | gency Inc | |
| cu | | e of Corporation) | gency inc. | |
| | Ву | Albert Ilan | Olivin | |
| | by an officer) Title | Vice Pres | édent | |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION

| | | ORTH MAIN STREET CE, RHODE ISLAND 02903 | |
|---|---------------------------|--|---|
| rporate ID 01 | 9857 | . Annual Report for t | the year 1990 |
| FIRST: The name of | the corporation is | OLIVER INSURANCE | E AGENCY, INC |
| SECOND: It is incorp | orated under the laws o | f khode Island | |
| THIRD: Character of | business, briefly stated, | is Insurance | |
| FOURTH: If foreign c | corporation, address of i | ts principal office | |
| | | | |
| | | ol, Rhode Island 02809 | |
| SIXTH: Names and a | ddresses of its directors | | (Attach rider if necessary) s number, street, zip code) |
| Albert Oliver | Director | 39 Tobin Lane. I | Bristol, RI 02809 |
| Albert Alan Oli | iver Director | . 19 Leila Jean Dr | rive, Bristol, RI 0280 |
| ••••••••••••••••••••••••••••••••••••••• | Director | | •••• |
| Albert Oliver | Presider | it 39 Tobin Lane, i | Bristol, RI 02809 |
| Albert Alan Oli | iver Vice Pre | esident 19 Leila Jean Di | rive, Bristol, RI 0280 |
| Albert Alan Oli | iver Secretar | y <u>19 Leila Jean D</u> | rive, Bristol, RI 028 |
| Albert Oliver | Treasure | | |
| SEVENTH: Number o | f Shares authorized: | | Par Value or statement that |
| No. of Shares | Class N/A | Series N/A | aka a a a a a saka a a |
| Еіднтн: Number of | Shares issued: | Series N/A PAIL SEC'Y: OF STA | Par Value or statement that shares are without |
| No. of Shares | Class | Series | par value |

Dated January 30th 19 90

Oliver Insurance Agency, Inc.
(Name of Corporation)

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 | 19857 | Annual Report for the | vear 1989 |
|--------------------|----------------------------------|----------------------------------|---|
| FIRST: The name | of the corporation is | - ALTUES INCHDANCE AS | • |
| SECOND: It is inco | orporated under the laws of | Rhode Island | |
| THIRD: Character | of business, briefly stated, is | Insurance | |
| | n corporation, address of its pr | incipal office | |
| FIFTH: Business ac | ddress in Rhode Island | | |
| 645 Metac | om Avenue, Bristol, | Rhode Island 02809 | |
| SIXTH: Names and | d addresses of its directors and | Officers: Address (including nur | (Attach rider if necessary) |
| Albert Oliv | er Director | 39 Tobin Lane Br | istol, RI |
| Albert Alan | Oliver Director | 19 Leila Jean Dr. | . Bristol, RI |
| | Director | | |
| Albert Cliv | er President | 39 Tobin Lane Br | istol, RI |
| AlbertAlan | | nt19 Leila Jean Dr. | Bristol, RI |
| | OliverSecretary | 19 Leila Jean Dr. | |
| Albert Oliv | er Treasurer | 39 Tobin Lane Bri | |
| SEVENTH: Number | r of Shares authorized: | Series PAID | Par Value or statement that shares are without par value |
| 600 | N/A | NVA FFRUZ P | 89 No Par Value |
| Eighth: Number of | of Shares issued: | SECY. OF S | Par Value Or statement that |
| No. of Shares | Class | Series | shares are without par value |
| Dated February 1 | | Oliver Insurar | nce Agency Inc. |
| (Report must be | signed by an officer) Ti | tle VICE Michael | ture |

State of Rhode Island and Providence Plantations

10.7

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | <u> </u> | . Annual Report for the year | | | |
|---------------------|---------------------------|---|---|--|--|
| | | OLIVER INSURANCE | | | |
| | | of <u>Sho</u> | | | |
| THIRD: Character o | | d, isInsurance | | | |
| | corporation, address of | its principal office | ······································ | | |
| | | | | | |
| 645.Metacom | Avenue,Bristol,R | hode Island 02809 | | | |
| SIXTH: Names and a | addresses of its director | | (Attach rider if necessary) number, street, zip code) | | |
| Albert Oliver | Directo | or .39TobinLane,Brist. | al, R.I. | | |
| AlbertAlanOliver | Directo | or .19.Leila Jean Drive, | Bristol, R.I. | | |
| | Directo | or | | | |
| Albert Oliver | Preside | ent .39.Tobin.Lane, Brist | ol, R.I. | | |
| Albert Allan Oliver | Vice P | resident 19 Leila Jean Drive, | Bristol, R.I. | | |
| Albert Allan Oliver | Secreta | ary 19 Leila Jean Drive, | Bristol, R.I. | | |
| Albert Oliver | Treasu | rer 39 Tobin Lane, Brist | ol, R.l. | | |
| SEVENTH: Number of | of Shares authorized: | Sanar | Par Value or statement that shares are without | | |
| 600 | N/A | PAID N/A FEB 1 0 1988 | No Par Value | | |
| Еіднтн: Number of | Shares issued: | SEC'Y. OF STATE | Par Value or statement that | | |
| No. of Shares | Class | Series | shares are without par value | | |
| Dated Fehruary | - 1 988 | OLIVER INSURA (Name of Corporation) By Ollut Oll | nce Alberty Inc. | | |
| (Report must be si | gned by an officer) | Title Vace Preso | lent | | |

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

| rporate ID | D19857 | | | rt for the year1987 | |
|----------------|-----------------------|---|----------------|---------------------|--|
| FIRST: | The name of the | corporation is | OLIVER INS | URANCE AGENC | Y, INC. |
| Second: | It is incorporate | ed under the laws | of | Rhode Isl | and |
| THIRD: | Character of busin | iness, briefly state | d, is | Insuranc | e |
| Fourth: | If foreign corpo | oration, address of | | 21 | //A |
| Г ІГТН: | Business address i | n Rhode Island | 645 Metac | om Avenue, B | ristol, Rhode Island 02809 |
| Ѕіхтн: | Names and addre | | s and officers | | (Attach rider if necessa including number, street, zip code) |
| Albert | Oliver | Direct | or39 | Tobin Lane, | Bristol, Rhode Island |
| Albert | Alan Oliver | Direct | or19 | Leila Jean | Drive, Bristol, Rhode Islan |
| •••••• | | Directe | or | ••••• | |
| Albert | Oliver | Preside | ent | Tobin Lane, | Bristol, Rhode Island |
| | Alon Olivan | Vice P | | | Drive, Bristol, Rhode Islan |
| Albert | Alan Oliver | Secreta | | | Drive, Bristol, Rhode Islan |
| Albert | Oliver | Treasu | - | | Bristol, Rhode Island |
| Seventh: | Number of Sha | ares authorized: | | | Par Value |
| No. of Shai | res | Class | | Series | or statement that shares are without par value |
| 600 | | N/A | PAID | N/A | No Par Value |
| | | • | 1 5 1987 | ., | NO Tal Value |
| Еіснтн: | Number of Shar | es issued: SFC'Y | OF STATE | : | Par Value or statement that |
| No. of Shar | res | Class | 0, 0,,,,, | Series | shares are without par value |
| | | | | | War |
| ed Janua | ary 08, | 1987 | Olive | Insurance | Agency, Inc. |
| | | *************************************** | (Name of Co | rporation) | |
| | | | Ву | suure) | luir |
| (Rep | port must be signed b | y an officer) | TitleP1 | esident | |

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

| Corporate ID19857 Annual Rep | | | | for the year | 1986 | |
|------------------------------|-----------------------|--|--------------------------------------|-------------------------|---|--|
| First: | The name of the | corporation | ı is <u>OL</u> . | VER-INSURANCE-AGENC | | |
| SECOND | : It is incorporat | ed under th | ne laws of | Rhode Isla | | |
| THIRD: | | | | Insuran | | |
| | | | | orincipal office | | |
| | | | | | | |
| IIrin. | | | | | | |
| _ | | | | R. I. | | |
| Ѕіхтн: | Names and address | esses of its o | lirectors and Office | | cluding number, sti | (Attach rider if necessary) |
| Albert (| liver | ••••• | Director | 39 Tobin Lane | Bristol | R. I. |
| AlbertAl | lan Oliver | | Director | 19 Leila Jean | De. Bris | stol, R. I. |
| •••••• | •••••• | •••••• | Director | | *************************************** | |
| Albert(| Oliver | ····· | President | 39 Tobin Lane | Pristol | , k. I. |
| .AlbertAl | lan Oliver | ······································ | Vice Presid | ent 19 Leila Jea | n Dr. Br | istol, R. I. |
| Albert Al | lan Oliver | ••••••• | Secretary | 19 Leila Jea | n Dr. Br | istol, R. I. |
| Albert. | 011ver | •••••• | Treasurer | 39 Tobin Lan | e Bristo | i, R. I. |
| Seventh | : Number of Sh | ares author | ized: | | | Par Value |
| No. of Sha | ıres | Class | 01, | Series | | or statement that shares are without par value |
| 600 | | n/a | 1/17/86 | N/A | | Par Value |
| Еіснтн: | Number of Shar | res issued: | PAID | FEB 15 1981 Series A | 3 | Par Value or statement that |
| No. of Sha | ires | Class | | Scries W | | shares are without par value |
| DatedJane | uary 10 | 19 | ANRE 15.00 CHEK 15.00 0669A001 | (Name of Corporation) | Surance A | gency, Inc. |
| (Re | port must be signed b | oy an officer) | | Title president | wer | •••••• |

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

19857

| | A | annual Report for th | e year ¹⁹⁸⁵ |
|-----------------------|---|----------------------|---------------------------------|
| First: The name of | of the corporation is | S . Oliver Insu | rance Agency, Inc. |
| SECOND: It is inco | | laws of Bhode | Island |
| | - | | nce |
| | | | |
| Fourth: If foreig | n corporation, add | | office |
| | | | will be mailed to this |
| | | | will be maned to this |
| address) 64,5 Metaco | | | |
| | l addresses of its d | 1 | 78: |
| L | | 3 Humber, II any) | |
| Name | Office | 30 m-1-4 *· | Address |
| Albert Oliver | | | ne Bristol, R.I. |
| Albert Alan Oliver | Director | 19 Leila Je | an Dr. Bristol, R. I. |
| | Director | | |
| Albert Oliver | President | 39 Tobin La | ne Bristol, R. I. |
| Albert Alan Olive | Vice Preside | nt 19 Tobin La | ne Bristol, R. I. |
| Albert Alan Olive | Secretary | | |
| Albert Oliver | | 39 Tobin La | nde Bristol, R |
| SEVENTH: Number | of Shares authori | ized: | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 600 | n/a | N/A | No Par Velue |
| Eighth: Number | of Shares issued: | | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| Dated: October 21, | 19. 85 📙 | Oliver Ins | urance Agency, Inc. |
| · | 14, | (Name of Corporation | |
| unii 181 | 19 85 g B | 9 [/ [[[[[[]]]] | |
| NOV 187 | PAID | itle President | <u> </u> |
| ٧, | | | signed by an officer) |
| If the corporation ha | <u>පිටු:</u> as changed its r e giste | ۵. | registered agent. |

Form #9 must be filed. Please contact Corporation Division for information, 277-3040

FORM 31 11-82

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

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

| | | | Annual Report fo | or the year 1984 |
|--------------------------|-------------|--------------------------|---------------------------|---|
| First: | The name of | f the corporation | is | |
| 01 | iver Insu | rance Agency, | Inc . | |
| SECOND: | It is incor | porated under th | ne laws of Rhoo | de Island |
| Third: | Character o | - f business, briefly | stated, is | |
| | | _ | | . , , , , , , , , , , , , , , , , , , , |
| Fourth | | | ldress of its princ | |
| ····· | N/A | | | |
| Г І гт н : | Business ac | dress in Rhode | Island | |
| 61 | 5.Metacom | Ave. Bristol | ,Rhode Island | i .02809 |
| Sixth: | Names and | addresses of its | directors and of | ficers: |
| | (Addresses | must include street i | and number, If any) | |
| | Name | Office | | Address |
| Albert Oli | .ver | Director | 39 Tobin Lar | ne Bristol, R. I. |
| lbert Alar | Oliver | Director | 19 Leila Je | en Dr. Bristo, R. I. |
| | ····· | Director | | |
| Albert 01 | iver | President | 39TobinI | n. Bristol, R. I. |
| Albert Als | n Oliver | Vice Presi | dent 19 Leila | Jean Dr. Bristol, R.I. |
| Albert Als | n Oliver | Secretary | n | ** *********************************** |
| | | Treasurer | 39Tobin | in. Bristol, R.I. |
| Seventi | ı: Number | of Shares author | orized: | Par Volue or statement that |
| No. of Sh | arcs | Class | Series | shares are without par value |
| 600 | | N/A | N/A | No Par Value |
| F | . N | .c Ch : | | Par Value |
| | | of Shares issued | Serles | or statement that shares are without |
| No. of Sh | iares | Class | Stries | par value |
| 600 | | n/a | N/A 4 | No Par Value |
| Dated: 3/ | 710 | 19 84 | 0liver I (Name of Corp | insurance Agency, Inc. |
| | | | By Alley | 4 levi |
| . 4 | 284 | | Title Steen | dest |
| JUL 18 | 984 | | (Report must | be signed by an officer) |
| - VM | <u> </u> | | | |

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

🗻 🕰

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 corpo rati o | on is01 | iver Ins | urance | Agency, Ir | 10. |
| ···· · · · · · · · · · · · · · · · · · | | | | | | | , |
| SECOND | It is incorp | orated under | the laws | of Rhode | e Islan | d | |
| THIRD: | Character of | ousiness, brief | fly stated, | is conduc | cting a | general | , |
| real es | tate and in | surance ag | ency | | | | |
| Fourth | : If foreign | corporation, | address of | its princi _l | pal office | | , |
| | | | | | | | |
| FIFTH: | Business add | ress in Rhodo | Island (| blank repo | rts will b | e mailed to | this |
| address). 6 | 45 Metacom | Ave. Brist | ol, Rho | de Islan | đ 0280 | 9 | |
| Sixth: | Names and a | ddresses of it | ts director | s and offi | cers: | | |
| | (Addresses mu | ust Include stree | t and numb | er, if any) | | | |
| | Name | Office | | | Address | | |
| Albert | | Director | | | tacom A | ve. Bristo | 01, R.T. |
| A.Alan | Oliver | Director | | *11 | | | |
| | | Director | | | | | |
| Albert | Oliver | President | t | same | as abov | e | |
| | | Vice Pre | sident | | | | **** |
| A.Alan | Oliver | Secretary | | | | | |
| Albert (If additional | Oliver space is needed, | Treasure attach rider) | r | | II . | | |
| SEVENTI | н: Number o | f Shares aut | horized: | | o | Par Value r statement that | |
| No. of Sh | ares | Class | | Series | sh | ares are without par value | |
| 600 | | Common | | | | No Par | |
| Еіднтн | : Number of | Shares issue | ed: | | | Par Value | |
| No. of St | ares | Class | | Series | | r statement that ares are without par value | |
| 600 | | Common | 2 2 | | | No Par | |
| Dated: Fel | oruary .15. | 19 83 | 33 28 y (Na | Oliver | | ce Agency, | inc. |
| | FEB 2 | 8 1983 | Ti g e | Preside | n_t | | · ·· ·· |
| | | æ | (F | Report must b | oo signed b | y 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

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 | r 19 8 2 |
|--------------|------------------------------|------------------------|--------------------------|---------------|---------------------------------|
| First: | The name of the | e corporation : | is Oliver I | nsurance | Agency, Inc. |
| SECOND: | It is incorpora | ited undernthe | laws of R | hode Isla | ind |
| THIRD: | Character of bu | siness, briefly | stated, is | Insurance | |
| | | | , | | |
| Fourth | : If foreign cor | poration, add | ress of its prin | cipal office | |
| n/ | a | | | | |
| · Fifth: | Business addre | ss in Rhode I | sland (blank re | eports will | be mailed to this |
| address) P.0 | .Box 68 645 | Metacom Av | e. Bristol, | R. I. | |
| SIXTH: | Names and add | dresses of its | directors and o | fficers: | |
| | (Addresses mus | st include street ar | nd number, if any) | 7 | |
| | Name | Office | | Address | a |
| Albert Oli | ver | Director | 1112 Норе | St. Bri | stol, R. I. |
| Albert Ala | n Oliver | Director | 19 Leila | Jean Dr | · Bristol, R.I. |
| | | Director | • | | |
| Albert Ol | iver | President | 1112 Но | pe St. B | ristol, R. I. |
| Albert Ol | iver | . Vice Presid | ent . " | | 11 11 |
| Albert Al | an Oliver | Secretary | 19 Leila | Jean Dr | . Bristol,R. I |
| | iver ace is needed, altac | Treasurer ch rider) | 1112 Ног | e St. Br | iskol, RI |
| SEVENTI | 1: Number of | Shares author | ized: | | Par Value or statement that |
| No. of Sh | ares | Class | Series | : | shares are without par value |
| 600 | | n/a | n/a | no | par value |
| Еіснтн | : Number of Si | nares issued: | | | Par Value or statement that |
| No. of Sh | ares | Class | Series | \$ | shares are without par value |
| 600 | | n/a | n/a | no | par value |
| Dated: Ja | nuary 11 | 19 .82 | Oliver I (Name of Corpor | Insurance | Agency, Inc. |
| | JAN | 141982 | Title /// | educt | |
| | 4 | - 100k | | ust 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

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 | • | |
|--|---|---|---|
| 0.1 | iver Insurance | a Agency, i | inc |
| Pursuant to the prov amended, the undersigned o | isions of Section corporation hereby the corporation is | 7-1.1-118 of submits the f | the General Laws, 1956, as ollowing annual report: |
| SECOND: It is incorpo | | | |
| THIRD: The address of the control of the name of its register of the production of the control o | of its registered off Br1stol, Rhoo ed agent in Rhode l | fice in Rhode I ie. Island Island at such | sland is address is |
| FOURTH: If a foreign country under the laws of w n/a | = | ated is | |
| FIFTH: The characters stated, is | er of the business | | s actually engaged in Rhode |
| | | | e e |
| | | | |
| SIXTH: The names an | d respective addre | sses of its dire | etors and officers are: Address |
| Albert Oliver | Director | 1112 Hop | e St. Bristol, R. I. |
| Albert Alan Oliver | Director | 19 Leila | Jean Dr. Bristol, R. I. |
| | Director | | |
| • *- | Director | • | • • • • |
| | Director | | |
| | Director | | |
| Albert Oliver | President Vice Presiden | | pe St. Eristol, R. I. |
| Albert Alan Oliver | Secretary | 19 Leil | a Jean Dr. Bristol, R. I. |
| Albert Oliver | Treasurer | 1112 Hc | pe.St. Bristol, R. I. |
| | | | as authority to issue, itemized erics, if any, within a class, is : |
| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
| 600 | n/a | n/a | 81 on par value |
| | \ | Ŋ | MAR 3 1981 |
| | | | 100 |

----15.00

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:

| | Number of Shares | Class | <u>S</u> eries | • | Par Value per Share or Statement that Shares are without Par Value |
|--------|------------------|---------|------------------|--------------|---|
| | 600 | n/a | n/a | no | par value |
| | • • | e. | · · | | |
| | | | | | |
| : ï |)) | | TT | • | . 57* |
| 1 | | | $i \cdot 1$ | • | 515 |
| Dated | Feb. 10 | , 19 81 | Gliver Insurance | Agen | cy, Inc. |
| ; j | J | | By Celuffla | uer siden | • • • • • • • • • • • • • • • • • • • |

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

| 01: | iver Insurance A | gency. Inc. | |
|--|--|--|---|
| Pursuant to the pamended, the undersign | provisions of Section ned corporation here of the corporation is | 7.1.1-118 of the (by submits the fo | General Laws, 1956, as allowing annual report: |
| SECOND: It is inc | corporated under the | e laws of Rhode | e Island |
| | _ | | isd |
| •• | | | ress is vidence, R. I.02903 |
| | = | - | cipal office in the state or |
| | conducting a g | eneral real is | ually engaged in Rhode |
| SIXTH: The name | es and respective addr | esses of its director | rs and officers are: |
| Albert Oliver | Director | 645 Metacom | Ave. Bristol, R. I. |
| A. Alan Oliver | Director | | |
| | Director | | · · · · · · · · · · · · · · · · · · · |
| | Director | | |
| | Director | | |
| • | Director | | |
| Albert Oliver | President | same as | above |
| | Vice Presid | ent | |
| A. Alan Oliver | Secretary | 11 | |
| Albert Oliver | Treasurer | | |
| SEVENTH: The agg by classes, par value of s | | | thority to issue, itemized s,ifany,withinaclass,is: Par Value per Share |
| Number of | | 1 | or Statement that Shares are without |
| Shares | Class | <u>Series</u> | Par Value |
| 600 | Common | .0 0 | No Par |
| | | \n • | |
| 15.1 | 9 19 N | | 1 |
| | | 5> 2 | |
| | | · · · · · · · · · · · · · · · · · · · | |
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| | | • • | JAN 10 1980 |
| Fgrm 31 8-79 | | 1 5.0 1 5.0 | /n .^ |
| ryint at over | | 00 | 11/ |

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 | <u>Class</u> | Series | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------------|--------------------|---|
| 600 | Common | : | No Par |
| | | : | |
| • • | | | |
| | | | |
| | | | |
| | | | |
| | | | , |
| | | į | |
| Dated. January 7 | , 1980 | Oliver Instructe A | gency, Inc. |
| • . | By / | allut Pluis | |

lts President

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

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

ANNUAL REPORT

| | OF | |
|---|---------------------------------------|---|
| Gliver | Insurance Age | ency, Inc. |
| amended, the undersigned cor First: The name of the c | poration hereby orporation is | 1-118 of the General Laws, 1956, as submits the following annual report: Oliver Insurance Agency, Inc. |
| | | ws of Rhode Island |
| | ~ | in Rhode Island is |
| | | and at such address is in Street, Providence, R. I. 02903 |
| | - | dress of its principal office in the state or |
| Island, briefly stated, is 1n: | surance agenc | which it is actually engaged in Rhode y es of its directors and officers are: |
| Name | Office | Address |
| Albert Oliver | Director | 645 Metacom Ave. Bristol, R.I. |
| A. Alan Oliver | Director | <u></u> |
| | Director | |
| · | Director | <u> </u> |
| | Director | |
| | Director | |
| Albert Oliver | President | Same. as above |
| 2.02 | Vice President | |
| A. Alan Oliver | Secretary | |
| Albert Oliver | • | n |
| SEVENTH: The aggregate by classes, par value of shares, s | number of shares hares without par | which it has authority to issue, itemized value, and series, if any, within a class, is: Par Value per Share |

| , p | | , | , , |
|------------------|------------|---------------------------------------|---|
| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
| 600 | Common | 79 | No Par |
| 2.3 | . . | • • • • • • • • • • • • • • • • • • • | , |
| 1 3CM 11-76 | | • • • • 15.0 • • • • 15.0 | JAN 307 |

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 | <u>Class</u> | <u>Series</u> | or Statement that Shares are without Par Value |
|---------------------|--------------|---------------|--|
| 600 | Common | | No Par |
| | | | |

Dated January 26 ..., 19 79

Oliver Insurance Agency, Inc. (NAME OF CORPORATION)

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 Ins | urance Agency, | _Inc. |
|--|-------------------------|--------------------------------------|---|
| amended, the undersign | ned corporation hereb | y submits the follow Oliver Insur | General Laws, 1956, awing annual report: |
| SECOND: It is inc | orporated under the l | | [sland |
| | | | l is |
| _ | _ | | ess is |
| country under the laws of n/a FIFTH: The char | of which it is incorpor | ated is | cipal office in the state of |
| - | | | |
| SIXTH: The names: | and respective address | | nd officers are: |
| Albert Oliver | Director | 1112 Hope | St. Bristol, R. I |
| | Director | | |
| | | | |
| ., 🔨 | Director | | |
| | Director | | |
| | Director | ,, | |
| Albert Oliver | President | 1112 Hope | St. Bristol, R. I |
| | Vice Presid | lent | |
| A. Alan Cliver | Secretary | 1112 Hope | St. Bristol, R. I |
| Albert Oliver | Treasurer | 1112 Hope | St. Bristol, R. I |
| | | | thority to issue, itemized, if any, within a class, is |
| 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 |
| - 3 | N. | ME 11-76 音 | , |

JAN 23 1978

orm 31 35W 11-7

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 | or States | per Share nent that re without Value |
|------------------|---------|-----------------|-----------|---|
| 600 | n/a | n/a | no par | value |
| | • 1 | | | - |
| | | | | |
| | | | | |
| • | | \$1 i | • | ; ; · · · |
| , | | 173 : | • | ٠., |
| Dated 1/10/ | , 19 78 | Oliver Insuranc | | , Inc |

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

| 0.11 | ver Insurance | Agency, Inc. | | |
|---|--|---------------------|---------------------------|--------------|
| Pursuant to the provis amended, the undersigned co FIRST: The name of the | orporation hereby s he corporation is . ' | ubmits the follow | ving annual ince Agend | report: |
| | | • | | |
| SECOND: It is incorpor | rated under the law | 3 OI KIDGE ISI | and | |
| THIRD: The address o 645 Metacom Avenue | _ | | | |
| and the name of its registered Ferdinand A. Brund | ** | | | |
| FOURTH: If a foreign country under the laws of wh | • | d is | | the state or |
| FIFTH: The character Island, briefly stated, is | | n which it is act | ually engag | ed in Rhode |
| SIXTH: The names and r | espective addresses | of its directors ar | nd officers ar | e: |
| Albert Oliver | Director | 1112 Hope | St. Brist | ol, R. I. |
| Aida Oliver | Director | 1112 Hope | St. Brist | ol, R. I. |
| | Director | | | |
| | Director | | | • |
| | Director | | | |
| | Director | | | |
| Albert Oliver | President | See Above | • | • |
| | Vice Presiden | t | | |
| Aida Oliver | Secretary | See Above | | |
| Albert Oliver | Treasurer | See Above | | |
| SEVENTH: The aggres | gate number of share | | | |

by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

JAN 1 4 1977

FORM 31 35M 9-76

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 | | |
|---------------------|----------|--------|---|--|--|
| 600 | <u> </u> | n/o | no nen unlua | | |
| 000 | n/a | n/a | no par value | | |

Dated January 6 ,19 77

Oliver Insurance Agency, Inc.
(NAME OF COMPORATION)

By Tellet Pliner

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

 \mathbf{OF}

| (1842)-(11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-11-18-18 | OLIVER INSURA | INCE AGENCY, INC. | |
|--|---------------------|-------------------------|---|
| Pursuant to the provisamended, the undersigned c FIRST: The name of | orporation hereby | submits the following | g annual report: |
| SECOND: It is incorpo | rated under the la | ws of Rhode I | sland |
| | | fice in Rhode Island is | |
| and the name of its registere | ed agent in Rhode l | | is |
| FOURTH: If a foreign country under the laws of w | hich it is incorpor | | |
| FIFTH: The characte | r of the business | in which it is actual | ly engaged in Rhode |
| SIXTH: The names and | | | |
| Albert Oliver | Director | 1112 Hope St. B | ristol, R. I. |
| Aida Oliver | | | ristol, R. I. |
| | | | |
| | | | |
| | | | |
| | | | |
| Albert Oliver | | See Above | |
| | | | |
| Aida Oliver | | See Above | |
| Albert Oliver | | | |
| SEVENTH: The aggreg by classes, par value of shares | ate number of sha | res which it has author | rity to issue, itemized any, within a class, is |
| Number of Shares | Class | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
| 600 | n/a | n/a | no par value |



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 Va or Su Share | lue per Share stement that s are without ar Value |
|-------|---------------------|-----------|--------------|--------------------------|--|
| | 600 | n/a | n/a | no p | ar value |
| | | | ! ! | | |
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| Dated | Jenuary 5 ,19 | 76 OLIVER | INSURANCE AG | FNCY, | INC. |
| | | By Cl | heelf fle | uir | |
| | | | Its Prese | dent | |

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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 Insura | nce Agency, Inc. | |
|---|--|--|---|
| Pursuant to the prov amended, the undersigned | corporation hereby | | g annual report: |
| | = | Oliver Insuranc | |
| | | aws of Rhode Isl | |
| | | fice in Rhode Island is hode. Island | |
| and the name of its register | ed agent in Rhode | | is |
| FOURTH: If a foreig country under the laws of N/A | which it is incorpor | | |
| FIFTH: The charact | ter of the business | s in which it is actual | ly engaged in Rhode |
| Island, briefly stated, is | | | |
| | | esses of its directors an | |
| Albert Oliver | Director | - | , Bristol, R.I. |
| Aida Oliver | Director | 1112 Hope St | , Bristol, R.I. |
| | Director | , | |
| a e | Director | | |
| | Director | , | |
| | Director | | |
| Albert Oliver | | See Above | |
| | Vice Preside | | |
| | Secretary | See Above | |
| Albert Oliver | Treasurer | See Above | |
| SEVENTH: The aggre by classes, par value of shar | egate number of sh es, shares without p | ares which it has autho par value, and series, if | rity to issue, itemized any, within a class, is: Par Value per Share or Statement that |
| Number of | Class | Series | or Statement that Shares are without Par Value |
| <u>Shares</u> | Class N/A | N/A | No par value |
| | | | |

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 | or Statement that Shares are without Par Value | |
|---------------------|-------|--------------|--|--|
| 600 | N/A | : N/A | No par value | |

Dated January 6, 1974

Oliver Insurance Agency, Inc.

By Cellet Plus

10 Resident

23-75 \$1416 1978 48+* + 15.00

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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

| | Or | | |
|--|---|--|--|
| | OLIVER INSUR | ANCE AGENCY, | INC. |
| Pursuant to the provi amended, the undersigned of FIRST: The name of t | orporation hereby s | ubmits the follow | |
| SECOND: It is incorpo | rated under the law | vs of Rhode I | sland |
| THIRD: The address of 645 Metacom Avenue, B | . | | is |
| and the name of its registere | | | ess is |
| FOURTH: If a foreign | corporation, the ac | ddress of its princ | ipal office in the state or |
| country under the laws of w | | | |
| | | | |
| | | | ually engaged in Rhode |
| Island, briefly stated, isi | | | |
| | [· | | |
| | | | |
| Sixth: The names and | i respective address | ses of its directors | and officers are: |
| Albert Oliver | Director | 1112 Hope St | . Bristol,R.I. |
| Aida Oliver | | 1112 Hope St | t. Bristol, R.I. |
| | Director | | |
| Albert Oliver | President | Se e above | |
| | Vice President | | |
| Aida Oliver | Secretary | See above | |
| Albert Oliver | Treasurer | See above | |
| SEVENTH: The aggreg by classes, par value of shares | rate number of shar s, shares without pa | es which it has au r value, and series, | thority to issue, itemized , if any, within a class, is: |
| • •• | · · · · · | | Par Value per Share or Statement that |
| Number of Shares | Class | Series | Shares are without Par Value |
| 600 | n/a | n/a | no par value |

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 | Pa o SI | r Value per Share r Statement that hares are without Par Value |
|---------------------|--------------------|--------|------------|---------------|---|
| 600 | n/a | | n/a | no | par value |
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| Dated //2/ | , 19 ⁷⁴ | OLIVER | INSURAN | CE AGEN | |
| : | By | Alle | ull)l | mer | |

5-74 STATE 5884 AR*** 15.00

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

| | 0. | • | |
|---|-------------------------|------------------------|---|
| 0 | LIVER INSURANC | E AGENCY, INC. | |
| amended, the undersign | ed corporation hereb | y submits the follo | General Laws, 1956, as wing annual report: ANCE AGENCY, INC. |
| SECOND: It is income | orporated under the | laws of Rhode Isl | and |
| THIRD: The addre | ess of its registered o | office in Rhode Islan | d is |
| | _ | | |
| and the name of its regi | stered agent in Rhod | le Island at such ad | dress is |
| Albert | Oliver | | |
| FOURTH: If a for | eign corporation, the | address of its princ | ipal office in the state or |
| country under the laws | of which it is incorpo | orated is | |
| A 11 111111 11111111111111111111111111 | n/a | | ······································ |
| FIFTH: The charac | eter of the business in | which it is actually e | engaged in Rhode Island, |
| briefly stated, is | insuranc | ce, agency | |
| | | | |
| | | | |
| SIXTH: The name | s and respective add | resses of its director | s and officers are: |
| Albert Oliver | Director | 1112 Hope Str | eet, Bristol, R.I. |
| Aida Oliver | Director | 1112 Hope Str | eet, Bristol, R.I. |
| | Director | | |
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| | | | |
| | | | |
| Albert Oliver | | | |
| Aida Oliver | • | | |
| Albert Oliver | - | | |
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| SEVENTH: The agg by classes, par value of sh | | | thority to issue, itemized , if any, within a class, is : |
| · • | • | · · | Par Value per Share or Statement that |
| Number of Shares | Class | Series | Shares are without Par Value |
| 600 | n/a | n/a | no par value |

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 | <u>Series</u> | Par Value per Shure or Statement that Shares are without Par Value |
|---------------------|-------|---------------|---|
| 600 | n/a | n/a | no par value |

Dated February 12 , 19 73

OLIVER INSURANCE AGENCY, INC.

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TEB 22-73 \$54 15, 300 AS ** * \$15,00