



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119979		2. Name of Corporation Dowling Insurance Agency, Inc.			
3. Street Address Principal Business Office 44 Adams Street			City Braintree	State MA	Zip 02184
4. Business Phone No. (781) 848-7652		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Broker					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John R. Dowling		Vice President Name None			
Street Address 1 Colonial Lane		Street Address			
City Canton	State MA	Zip 02021	City	State	Zip
Secretary Name Paul R. Dowling		Treasurer Name John R. Dowling			
Street Address <del>11 Hamlin Street, #3</del> 1 Colonial Lane		Street Address 1 Colonial Lane			
City <del>South Boston</del> Canton	State MA	Zip <del>02127</del> 02021	City Canton	State MA	Zip 02021
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John R. Dowling		Director Name Paul R. Dowling			
Street Address 1 Colonial Lane		Street Address 1 Colonial Lane			
City Canton	State MA	Zip 02021	City CANTON	State MA	Zip 02021
Director Name Elizabeth Dowling		Director Name			
Street Address 1 Colonial Lane		Street Address			
City Canton	State MA	Zip 02021	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
2,000	Common No Par Value		1,000	Common	No par value

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



1 1 9 9 7 9

File Date 1/27/05  
 Check No. 125983  
 By: W.  
 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.

Paul B. Dowling 1/25/05  
 Signature of Officer Date  
 Paul B. Dowling  
 Print or Type Name of Officer  
 Secretary  
 Title of Officer



**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. <b>119979</b>		2. Name of Corporation <b>Dowling Insurance Agency, Inc.</b>			
3. Street Address Principal Business Office <b>44 Adams Street</b>			City <b>Braintree</b>	State <b>MA</b>	Zip <b>02184</b>
4. Business Phone No. <b>(781) 848-7652</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSURANCE BROKER</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>John R. Dowling</b>			Vice President Name <b>None</b>		
Street Address <b>1 Colonial Lane</b>			Street Address		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>John R. Dowling</b>		
Street Address			Street Address <b>1 Colonial Lane</b>		
City	State	Zip	City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>John R. Dowling</b>			Director Name <b>Paul R. Dowling</b>		
Street Address <b>1 Colonial Lane</b>			Street Address <b>2 Avery Street, #18D</b>		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City <b>Boston</b>	State <b>MA</b>	Zip <b>02111</b>
Director Name <b>Elizabeth Dowling</b>			Director Name <b>---</b>		
Street Address <b>1 Colonial Lane</b>			Street Address		
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	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
<b>2,000 COMM NO PAR VALUE</b>			<b>1000</b>	<b>Common</b>	<b>No par value</b>

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



\* 1 1 9 9 7 9 \*

File Date 2-26-04  
Check No. 120420  
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] 2/22/04  
Signature of Officer Date  
PAUL R DOWLING  
Print or Type Name of Officer  
CLERK  
Title of Officer

Dowling Insurance Agency, Inc.

119979

ADDITIONAL OFFICERS:

Clerk: Paul R. Dowling, 2 Avery Street, #18D, Boston, MA 02111



**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. 119979  
 2. Name of Corporation Dowling Insurance Agency, Inc.  
 3. Street Address Principal Business Office 44 Adams Street  
 City Braintree State MA Zip 02184  
 4. Business Phone No. (781) 848-7652  
 5. State of Incorporation MASSACHUSETTS  
 6. SIC Code  
 7. Brief Description of the Character of Business Conducted in Rhode Island Insurance broker

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

<b>President Name</b> John R. Dowling	<b>Vice President Name</b> Paul R. Dowling
<b>Street Address</b> 1 Colonial Lane	<b>Street Address</b> 87 Fielding Lane
<b>City</b> Canton	<b>City</b> Weymouth
<b>State</b> MA	<b>State</b> MA
<b>Zip</b> 02021	<b>Zip</b> 02189
<b>Secretary Name</b> None	<b>Treasurer Name</b> None
<b>Street Address</b>	<b>Street Address</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip</b>	<b>Zip</b>

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

<b>Director Name</b> John R. Dowling	<b>Director Name</b> Paul R. Dowling
<b>Street Address</b> 1 Colonial Lane	<b>Street Address</b> 87 Fieldstone Lane
<b>City</b> Canton	<b>City</b> Weymouth
<b>State</b> MA	<b>State</b> MA
<b>Zip</b> 02021	<b>Zip</b> 02189
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip</b>	<b>Zip</b>

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

AUTHORIZED SHARES  

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
2,000	Common	No par value

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

ISSUED SHARES  

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
1000	Common	No par value

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

File Date: 3-18-03  
 Check No. 113927  
 By: BMF

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: Paul R. Dowling Date: 3/12/03  
 Print or Type Name of Officer: PAUL R. DOWLING

.Dowling Insurance Agency, Inc.

119979

ADDITIONAL OFFICERS:

Clerk: Paul R. Dowling, 87 Fieldstone Lane, Weymouth, MA 02189



**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. 119979 2. Name of Corporation Dowling Insurance Agency, Inc.  
3. Street Address Principal Business Office 44 Adams Street City Braintree State MA Zip 02184  
4. Business Phone No (781) 848-7652 5. State of Incorporation MASSACHUSETTS 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance broker

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

President Name John R. Dowling			Vice President Name Paul R. Dowling		
Street Address 1 Colonial Lane			Street Address 87 Fielding Lane		
City Canton	State MA	Zip 02021	City Weymouth	State MA	Zip 02189
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name John R. Dowling			Director Name Paul R. Dowling		
Street Address 1 Colonial Lane			Street Address 87 Fieldstone Lane		
City Canton	State MA	Zip 02021	City Weymouth	State MA	Zip 02189
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
2,000	Common	No par value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No par value

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

File Date: 2-27-03  
Check No. 113604  
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] 2/24/03  
Signature of Officer  
PAUL R. DOWLING  
Print or Type Name of Officer  
V.P.  
Title of Officer

Dowling Insurance Agency, Inc.

119979

ADDITIONAL OFFICERS:

Clerk: Paul R. Dowling, 87 Fieldstone Lane, Weymouth, MA 02189



**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. **119979** 2. Name of Corporation **Dowling Insurance Agency, Inc.**  
3. Street Address Principal Business Office **44 Adams Street** City **Braintree** State **MA** Zip **02184**  
~~87 Fieldstone Lane~~  
4. Business Phone No. **7818487652** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance agency for personal & commercial lines**

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

President Name <b>John R Dowling</b> Street Address <b>1 Colonial Lane</b> City <b>Canton</b> State <b>MA</b> Zip <b>02021</b>	Vice President Name <b>Paul R Dowling</b> Street Address <b>87 Fieldstone Lane</b> City <b>Weymouth</b> State <b>MA</b> Zip <b>02189</b>
Secretary Name <b>Kathleen E Dowling</b> Street Address <b>898 Auburn St</b> City <b>Whitman</b> State <b>MA</b> Zip <b>02382</b>	Treasurer Name  Street Address  City State Zip

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

Director Name <b>John R Dowling</b> Street Address <b>1 Colonial Lane</b> City <b>Canton</b> State <b>MA</b> Zip <b>02021</b>	Director Name <b>Paul R Dowling</b> Street Address <b>87 Fieldstone Lane</b> City <b>Weymouth</b> State <b>MA</b> Zip <b>02189</b>
Director Name <b>Kathleen E. Dowling</b> Street Address <b>898 Auburn St</b> City <b>Whitman</b> State <b>MA</b> Zip <b>02382</b>	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>2,000</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1000</b>	<b>Common</b>	<b>NO PAR VALUE</b>

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



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File Date: 1-28-02  
Check No.: 6391  
By: AMK

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.

Paul B Dowling 1/21/02  
Signature of Officer Date  
Paul B Dowling  
Print or Type Name of Officer  
Vice President  
Title of Officer