RI SOS Filing Number: 202195214880 Date: 3/31/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 MAR 31 P 3:59

1. Entity ID Number	2. Exact name of the Corporation			
123746	O'DONOGHUE INSURANCE AGENCY, INC			
3. Principal Office Address		City	State	Zip
90 SUMMER STREET		ARLINGTON	MASS	02474
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524113	INSURANCE AGENCY			
5. State of Incorporation				
MASS				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOHN W. O'DONOGHUE JR			STEPHEN C O'DONOGHUE		
Street Address			Street Address		
410 BORDER ROAD			88 BRANCH STREET		
City / State / Zip			City / State / Zip		
CONCORD	MASS	01742	SCITUATE	MASS	02066
Secretary Name			Treasurer Name		
ARLENE BELLIVEAU			KEVIN O'DONOGHUE		
Street Address			Street Address		
473 HATHERLY ROAD			139 EDWARD FOSTER, ROAD		
City / State / Zip			City / State / Zip		
SCITUATE	MASS	02066	SCITUATE	MASS	02066

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	7500 NPV		

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

Name of Authorized Representative	Date
COLLEEN FERNANDES	3/31/2021

Signature of Authorized Representative

FILED
MAR 31 2021

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020