



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83954		2. Name of Corporation Lodie Brien Agency, Inc.			
3. Street Address Principal Business Office 64 Hamlet Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No 401-765-3800		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF THE REAL ESTATE BROKERAGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert G. Brien			Vice President Name Donna M. Tancrell		
Street Address 64 Hamlet Avenue			Street Address 64 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Albert G. Brien			Treasurer Name Albert G. Brien		
Street Address 64 Hamlet Avenue			Street Address 64 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE	100	Common	\$1.00

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

File Date	8/22/05
Check No.	6156
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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

Albert G. Brien 8-20-05
Signature of Officer Date
Albert G. Brien
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83954		2. Name of Corporation Lodie Brien Agency, Inc.			
3. Street Address Principal Business Office 64 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 401-765-3800		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF THE REAL ESTATE BROKERAGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert G. Brien		Vice President Name Donna M. Tancrell			
Street Address 64 Hamlet Avenue		Street Address 64 Hamlet Avenue			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Albert G. Brien		Treasurer Name Albert G. Brien			
Street Address 64 Hamlet Avenue		Street Address 64 Hamlet Avenue			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		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
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
8,000	\$1.00	PAR VALUE	100	Common	\$1.00

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



* 8 3 9 5 4 *

File Date 1-16-04
Check No. 4446
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1-14-04
Signature of Officer Date

Albert G. Brien

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

83954

2. Name of Corporation

Lodie Brien Agency, Inc.

3. Street Address Principal Business Office

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

4. Business Phone No.

401-765-3800

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

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

Real Estate Appraisal, Brokerage & Consulting

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

President Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

Secretary Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

Vice President Name

Donna M. Tancrell

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

Treasurer Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

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

Director Name

None

Street Address

Director Name

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 8 3 9 5 4 *

File Date:

3-4-03

Check No.:

3615

By:

Albert G. Brien

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Albert G. Brien

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

83954

Lodie Brien Agency, Inc.

3. Street Address Principal Business Office

64 Hamlet Avenue

4. Business Phone No.

401-765-3800

5. State of Incorporation

RHODE ISLAND

City

Woonsocket

State

RI

Zip

02895

6. SIC Code

5520

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

Real Estate Appraisal, Brokerage & Consulting

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

President Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket

RI

02895

Secretary Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket

RI

02895

Vice President Name

Donna M. Tancrell

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket

RI

02895

Treasurer Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket

RI

02895

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

Director Name

None

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 8 3 9 5 4 *

FILED

File Date: FEB 08 2002

Check No.: By *dmf*

By: *dmf*

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.

Donna M. Tancrell 2-7-02

Signature of Officer

Date

Donna M. Tancrell

Print or Type Name of Officer

Vice President

Title of Officer

5

Form 630 12/01



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate RI No. **83954** 2. Name of Corporation **Lodie Brien Agency, Inc.**

3. Street Address Principal Business Office

64 Hamlet Avenue

4. Business Phone No.

401-765-3800

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

Real Estate

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket, RI 02895

Secretary Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket RI 02895

City

State

Zip

Woonsocket

RI

02895

State of Incorporation

RHODE ISLAND

5520

Vice President Name

Donna M. Tancrrell

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket RI 02895

Treasurer Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City

State

Zip

Woonsocket RI 02895

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common \$1.00

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



* 8 3 9 5 4 *

File Date 1/12

Check No. 1480

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.

Donna M. Tancrrell 1-10-01
Signature of Officer Date

Donna M. Tancrrell
Print or Type Name of Officer

Vice President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83954** 2. Name of Corporation
Lodie Brien Agency, Inc.

3. Street Address Principal Business Office

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

4. Business Phone No.

401-765-3800

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5520

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

Real Estate

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

President Name

Albert G. Brien

Vice President Name

Donna M. Tancrell

Street Address

64 Hamlet Avenue

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

City

Woonsocket

State

RI

Zip

02895

Secretary Name

Albert G. Brien

Treasurer Name

Donna M. Tancrell

Street Address

64 Hamlet Avenue

Street Address

64 Hamlet Avenue

City

Woonsocket

State

RI

Zip

02895

City

Woonsocket

State

RI

Zip

02895

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

Director Name

None

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 8 3 9 5 4 *

File Date:

12-31-99

Check No.:

4736

By:

AMF

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.

Donna M. Tancrell

12-18-99

Signature of Officer

Date

Donna M. Tancrell

Print or Type Name of Officer

Vice President & Treasurer

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83954	2. Name of Corporation Lodie Brien Agency, Inc.		
3. Street Address Principal Business Office 64 Hamlet Avenue	City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-765-3800	5. State of Incorporation RHODE ISLAND	6. SIC Code 5520	

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

Real estate

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

President Name Albert G. Brien			Vice President Name Donna M. Tancrell		
Street Address 64 Hamlet Avenue			Street Address 64 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Albert G. Brien			Treasurer Name Albert G. Brien		
Street Address 64 Hamlet Avenue			Street Address 64 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895

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

Director Name None			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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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



* 8 3 9 5 4 *

File Date: **1-6-99**

Check No.: **3912**

By: **100** / **20**

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.

Donna M. Tancrell **1-4-99**
Signature of Officer Date

Donna M. Tancrell

Print or Type Name of Officer

Vice President

Title of Officer



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

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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83954** 2. Name of Corporation **Lodie Brien Agency, Inc.**
3. Street Address Principal Business Office **64 Hamlet Avenue** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **401-765-3800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

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

Real estate

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

President Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City **Woonsocket** State **RI** Zip **02895**

Secretary Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City **Woonsocket** State **RI** Zip **02895**

Vice President Name

Donna M. Tancrell

Street Address

64 Hamlet Avenue

City **Woonsocket** State **RI** Zip **02895**

Treasurer Name

Albert G. Brien

Street Address

64 Hamlet Avenue

City **Woonsocket** State **RI** Zip **02895**

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

Director Name

None

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 Common \$1.00 Par

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common \$1.00

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

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Donna M. Tancrell 2-1-98
Signature of Officer Date

Donna M. Tancrell
Print or Type Name of Officer

Vice President
Title of Officer



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

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



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. **83954** 2. Name of Corporation
Lodie Brien Agency, Inc.

3. Street Address Principal Business Office
64 Hamlet Avenue City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **401-765-3800** 5. State of Incorporation
RHODE ISLAND 6. SIC Code
5520

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

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

President Name Albert G. Brien Street Address 64 Hamlet Avenue City Woonsocket State RI Zip 02895 Secretary Name Albert G. Brien Street Address 64 Hamlet Avenue City Woonsocket State RI Zip 02895	Vice President Name Donna M. Tancrell Street Address 64 Hamlet Avenue City Woonsocket State RI Zip 02895 Treasurer Name Albert G. Brien Street Address 64 Hamlet Avenue City Woonsocket State RI Zip 02895
--	---

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

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00	PAR VALUE	100	Common	\$1.00

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



File Date: 2/23/97
Check No.: 2454
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.

Donna M. Tancrell 2-23-97
Signature of Officer Date
DONNA M. TANCRELL
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 83954		2. NAME OF CORPORATION Lodie Brien Agency, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 64 Hamlet Avenue		CITY Woonsocket	STATE RI
4. BUSINESS PHONE NO (401) 765-3800		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 5520
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Real Estate			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Albert G. Brien			VICE PRESIDENT NAME Donna M. Tancrell		
STREET ADDRESS 64 Hamlet Avenue			STREET ADDRESS 64 Hamlet Avenue		
CITY Woonsocket	STATE RI	ZIP CODE 02895	CITY Woonsocket	STATE RI	ZIP CODE 02895
SECRETARY NAME Albert G. Brien			TREASURER NAME Albert G. Brien		
STREET ADDRESS 64 Hamlet Avenue			STREET ADDRESS 64 Hamlet Avenue		
CITY Woonsocket	STATE RI	ZIP CODE 02895	CITY Woonsocket	STATE RI	ZIP CODE 02895

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	\$1.00 PAR VALUE		100	Common	\$1.00

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date:

3/7/96

Check No:

1854

By:

mnc/lp

For Secretary of State Use Only

Signature of Officer

Albert G. Brien

Print or Type Name of Officer

Albert G. Brien

Title of Officer

Treas.

Date

3-4-96

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95