



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 10 2023

BY 3203

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000140538		2. Exact name of the Corporation The Shannon Agency, Inc.			
3. Principal Office Address 400 Massasoit Ave. #104		City East Providence		State RI	Zip 02914
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Independent insurance agency			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward L. Shannon			Vice-President Name Sarah E. Treanor		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name Sarah E. Treanor			Treasurer Name Edward L. Shannon		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	None
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. <i>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.</i>					
Name of Authorized Representative Edward L. Shannon				Date 1/24/2023	
Signature of Authorized Representative <i>Edward L. Shannon</i>					

MAIL TO:
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