RI SOS Filing Number: 202447183050 Date: 2/23/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED
FEB 23 2024
BY 3228

1. Entity ID Number	2. Exact name of the Corporation
000140538	The Shannon Agency, Inc.

3. Principal Office Address	City	State	Zip
400 Massasoit Ave. #104	Ea. Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	Independent insurance agency
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Edward L. Shannon	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 ☐

Director Name	Director Name
None	
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.	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.

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
Edward L. Shannon	2/21/24

Signature of Authorized Representative
Edward L Shannon

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

FORM 630- Revised: 12/2023