



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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 07 2025

BY

1. Entity ID Number 000140538		2. Exact name of the Corporation The Shannon Agency, Inc.	
3. Principal Office Address 400 Massasoit Ave. #104		City Ea. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Edward L. Shannon		Vice-President Name Sarah E. Treanor	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		Zip	
Secretary Name Sarah E. Treanor		Treasurer Name Edward L. Shannon	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
		PAR VALUE	.01
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 Edward L. Shannon			Date 1/21/2025
Signature of Authorized Representative <i>Edward L. Shannon</i>			

MAIL TO:  
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