



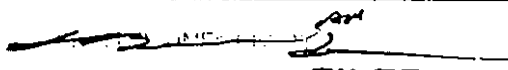
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATE SERVICES

2019 AUG -7 PM 2: 13

1. Entity ID Number 001679147		2. Exact name of the Corporation Manchester Agency, Inc.			
3. Principal Office Address 35 W Main St.			City Allegany	State NY	Zip 14706
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Retail Insurance Agency			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 <input checked="" 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
		100		Common	0
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 Laurie A Branch				Date 5/2/2019	
Signature of Authorized Representative 				FILED	

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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 BY Y H V AT
 FORM 630 - Revised: 10/2017
 11:59

MANCHESTER AGENCY, Inc.

As of Thursday, May 2, 2019



FEIN 82-3444931
State of Incorp CT
Date of Incorp 11/16/2017

No. of Auth. Shares 200
No. of Issued Shares 100
Class of Shares common
Par Value par
No. of Voting Shares 0
No. of Non-Voting Shares 0

OFFICERS

Matthew L Ward

SSN
DOB 3/31/1963
Gender M
Titles President
Director
Address 11202 Buckhead Ct.
Midlothian VA 23112
Term does not expire

Joseph G Chiapuso

SSN
DOB 7/9/1951
Gender M
Titles Vice President
Director
Address 1910 Windfall Road
Olean NY 14760
Term does not expire

Laurie A Branch

SSN
DOB 8/18/1957
Gender F
Titles Director (Chairman)
Ass't Secretary
Ass't Secretary
Treasurer
Address 304 VanBuren Avenue
Olean NY 14760
Term does not expire

Kathy Patenaude

SSN
DOB 7/25/1963
Gender F
Titles Vice President
Address 31 Cobblestone Drive
Plantsville CT 06479
Term does not expire

Amy L Branch-Benoliel

Titles Director
Secretary

FILED

AUG 07 2019

BY _____

SSN

DOB 11/17/1958

Term does not expire

Gender F

Address 520 East Gravers Lane
Wyndmoor PA 19038

SHAREHOLDERS

Shareholder	Type	Shares	Percent	Voting?
Iroquois Mid-Atlantic Group, Inc.	Corporate	100.00	100.00 %	No
