RI SOS Filing Number: 201910804490 Date: 8/7/2019 11:58:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

2019 AUG -7 AM 11: 57

→ Filing period: January 1 - March 1

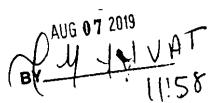
Filing Fee: \$50.00

1. Entity ID Number	2. Exact na	me of the Corpora	ation					
001679147	Manche	ster Agency	, Inc.					
3. Principal Office Address	· · · · · · · · · · · · · · · · · · ·		City		State	Zip		
35 W Main St.			Allegany		NY	14706		
4. NAICS Code	6. Brief des	cription of the cha	racter of business	conducted in Rhode I	sland			
524210	Retall Insu	ırance Agency						
5. State of Incorporation								
СТ								
7. List ALL officers (names a	and addresses)			Check	the box to ind	icate an attachment		
President Name			Vice-Preside					
Street Address	· · · <u></u>	· · · ·	Street Addre	SS .				
City	State	Zip	City		State	7:0		
	Side 6	21,7	City		Sidle	SET S		
Secretary Name			Treasurer Na	Treasurer Name				
Street Address			Street Address					
						-2 30 30		
City	State	Zip	City		State	Zg → _ ≤		
8. List ALL directors (names	and addresses)	·		Check	the box to ind	icate an attachment		
Director Name			Director Nam					
Street Address			Street Addres	\$5				
City	State	Zıp	City		State	Zip		
Director Name								
Director Name	Director Name							
Street Address		 	Street Addres	55		- 		
City	State	Zip	City		State	Zip		
O Chaire Authorized		40.0	 					
9. Shares Authorized This information is currently of	of record in the	10. Shares	ISSUED R OF SHARES	Check CLASS/SERIE	the box to indi	cate an attachment 🖸		
Department of State.			· · · · · · · · · · · · · · · · · · ·	^				
Changes require an additiona	al filing.	100	<u>, </u>	Compton		<u> </u>		
11. This report must be aven	what an haball of the							
 This report must be exect trustee, this report must be ex 	executed on behalf of	e corporation by a of the corporation	in authorized repre by the receiver or t	esentative, it the corpo trustee	ration is in the	hands of a receiver or		
Under penalty of perjury, I	declare and affirm	that I have exan	nined this report.	including any accon	npanying sch	edules and		
statements, and that all sta Name of Authorized Represe	<u>atements containe</u> entative	d herein are true	and correct.		Date			
Laurie A Branch					5/2/2019			
Signature of Authorized Rep	resentative							
			e 152 (5)	-u ED				
				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



FORM 630 - Revised: 10/2017

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

No. of Voting Shares

No. of Non-Voting Shares 0

FFICER				
Matthew L	. Ward			
SSN		Titles	President	
DOB	3/31/1963		Director	
Gender	M			
Address	11202 Buckhead Ct.			
	Midlothian VA 23112	Term do	es not expire	
Joseph G	Chiapuso			
SSN	·	Titles	Vice President	
DOB	7/9/1951		Director	
Gender	M			
Address	1910 Windfall Road			
	Olean NY 14760	Term do	es not expire	
Laurie A B	Branch			
SSN		Titles	Director (Chairman)	
DOB	8/18/1957		Ass't Secretary	
Gender	F		Ass't Secretary Treasurer	
Address	304 VanBuren Avenue Olean NY 14760			
		Term do	es not expire	
Kathy Pat	enaude			
SSN		Titles	Vice President	
DOB	7/25/1963			
Gender	F			
Address	31 Cobblestone Drive Plantsville CT 06479	Term do	es not expire	

Titles

Director Secretary SSN

DOB 11/17/1958

Gender

Term does not expire

Address 520 East Gravers Lane Wyndmoor PA 19038

SHAREHOLDERS

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