

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 125645 Automobile Club Insurance Agency of Providence, Inc. 3 Street Address Principal Business Office State 110 ROYAL LITTLE DRIVE **PROVIDENCE** RI 02904 4. Business Phone No. 5. State of Incorporation 6 SIC Code (401) 868-2000 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island **INSURANCE AGENCY** 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name MARK A. SHAW FRANCIS X. DOYLE Street Address Street Address 1169 BULLOCKS POINT AVENUE 610 QUINAPOXET STREET Ζ.ф RIVERSIDE RI 02915 **JEFFERSON** 01522 MA Secretary Name Treusurer Name FRANCIS X. DOYLE R. STEPHEN MANTY Street Address Street Address 610 QUINAPOXET STREET 3 LONGFELLOW DRIVE **JEFFERSON** 01522 **FRANKLIN** 02038 MA 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS MARK A. SHAW R. STEPHEN MANTY Street Address Street Address 1169 BULLOCK POINT AVENEUE 3 LONGFELLOW DRIVE Zip RIVERSIDE RΙ 02915 FRANKLIN MA 02038 Director Name Director Name FRANCIS X. DOYLE Street Address Street Address 610 QUINAPOXET STREET City State Zip **JEFFERSON** MA 01522 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$1.00 PAR VALUE 100 COMMON \$1.00 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date	1/25/05	
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Under penalty of perjury, I declare and affirm tincluding any accompanying schedules and stacontained herein are true and correct.	
n/ouns	2/24/05
Signature of Officer	/ Date
MARK A. SHAW	
Print or Type Name of Officer	<u>_</u>
PRESIDENT	
Title of Officer	





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. Street Address Principal Business		•	City	State	Zφ		
110 ROYAL LIT	TLE DRIVE		PROVIDENCE	RI	02904		
. Bustness Phone No.		5. State of Incorporation			6. SIC Code		
(401) 868-200	0	RHODE ISLAND)				
Brief Description of the Character INSURANCE AGENCY	of Business Conducted i	n Rhode Island	·		· · · · · · · · · · · · · · · · · · ·		
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MARK A. SHAW							
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City	State	Zip	City	State	Zip		
RIVERSIDE	RI	02915			'		
Secretary: Name		.	Treasurer Name				
· ·	YT.E		MARK A. SHAW				
FRANCIS X. DOYLE			Street Address				
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	State	Zip	1169 BULLOCKS	POINT AVENUE	Zip		
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Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem	r have examined this repor- lents, and that all statement
contained herein are true and correct.	2/2/11
Signature of Officer	Date
MARK A. SHAW	

Print or Type Name of Officer

TREASURER

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January	1-March 1 •	Filling Fee: \$50.00		. I D/I K	PLF
(FORM MUST BE TYPED OR PRINT					
1. Corporate ID No.	2. Name of Corpora				
125645		Club Insurance Agency of			
3. Street Address Principal Business	••		City	State	Zip
110 ROYAL LITTLE	DRIVE	•	PROVIDENCE	RI	02904
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 868-2000		RHODE ISLAND			
7. Brief Description of the Character	of Business Conducted	in Rhode Island			
INSURANCE AGENCY 8. NAMES AND ADDRESS President Name MARK A. SHAW			LICATINS FOR INSUI HMENT) FILL IN SPACES Vice President Name	RANCE BEFORE USING ATTA	CHMENTS
			Carrie Address		
Street Address 1169 BULLOCKS PO	Thr Attenne		Street Address		
City	State	Zip	City	State	Zip
RIVERSIDE	RI	02915	Cay	State	vih
Secretary Name	KI.	02313	Treasurer Name		
FRANCIS X. DOYLE	•				
Street Address	•	•	MARK A. SHAW Street Address		
610 QUINAPOXET S	TOUT		**	DOTTER DOAD	
City	State	Zip	1169 BULLOCKS		71-
·		,	•	State	Zip
JEFFERSON	MA	01522	RIVERSIDE	RI	02915
9. NAMES AND ADDRES. Director Name GEORGE GRABOYS	2F2 OF THE DIK	ECTOR2 (-x- ROX FOR ATTA	Director Name JOSEPH F. WHI	ES BEFORE USING AT NERY. JR.	IACHMEN 15
Street Address			Street Address	•	,
95 HOLLY ROAD.			21 WEYMOUTH ST	TREET	
City	State	Zip	City	State	2ip
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Director Name		•	Director Name		-
MARK A.: SHAW					
Street Address		•	Street Address		
1169 BULLOCKS PO	INT AVENUE	•			
Ciry	State	Zip	City	State	Zip
RIVERSIDE	RI	02915			
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for att		11. SHARES ISSUED (*	"X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100

	* 1 2 5 6 4 5 *
File Date:	3.3.03
Check No.:	146185
Ву:	P
FOR SECRETAR	Y OF STATE LISE ONLY

8,000 \$1.00 PAR VALUE

Class/Series

Under penalty of perjury, I doclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained flegein are true and correct.

Class/Series

COMMON

Signature of Officer MARK A. SHAW

Print or Type Name of Officer TREASURER



Famil 630 12102

NO PAR VALUE