



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)

Form with sections for: 1. Corporate ID No. (125645), 2. Name of Corporation (Automobile Club Insurance Agency of Providence, Inc.), 3. Street Address Principal Business Office (110 ROYAL LITTLE DRIVE), 4. Business Phone No. ((401) 868-2000), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code, 7. Brief Description of the Character of Business Conducted in Rhode Island (INSURANCE AGENCY), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: MARK A. SHAW, Vice President: FRANCIS X. DOYLE), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: MARK A. SHAW), 10. SHARES AUTHORIZED (8,000 \$1.00 PAR VALUE), 11. SHARES ISSUED (100 COMMON \$1.00).

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



File Date: 2/25/05
Check No.: 199853
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature]
Date: 2/22/05

MARK A. SHAW
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125645		2. Name of Corporation Automobile Club Insurance Agency of Providence, Inc.			
3. Street Address Principal Business Office 110 ROYAL LITTLE DRIVE			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. (401) 868-2000		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK A. SHAW			Vice President Name		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name FRANCIS X. DOYLE			Treasurer Name MARK A. SHAW		
Street Address 610 QUINAPOXET STREET			Street Address 1169 BULLOCKS POINT AVENUE		
City JEFFERSON	State MA	Zip 01522	City RIVERSIDE	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GEORGE GRABOYS			Director Name JOSEPH F. WHINERY, JR.		
Street Address 95 HOLLY ROAD			Street Address 21 WEYMOUTH STREET		
City MARION	State MA	Zip 02738	City PROVIDENCE	State RI	Zip 02906
Director Name MARK A. SHAW			Director Name		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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



* 1 2 5 6 4 5 *

FILED

File Date MAR 01 2004

Check No. By 170675622

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

MARK A. SHAW

Print or Type Name of Officer

TREASURER

Title of Officer

Date 2/25/04



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **125645** 2. Name of Corporation **Automobile Club Insurance Agency of Providence, Inc.**
3. Street Address Principal Business Office **110 ROYAL LITTLE DRIVE** City **PROVIDENCE** State **RI** Zip **02904**
4. Business Phone No. **(401) 868-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENCY-SOLICITING AND RECEIVING APPLICATIONS FOR INSURANCE
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **MARK A. SHAW** Vice President Name
Street Address **1169 BULLOCKS POINT AVENUE** Street Address
City **RIVERSIDE** State **RI** Zip **02915** City State Zip
Secretary Name **FRANCIS X. DOYLE** Treasurer Name **MARK A. SHAW**
Street Address **610 QUINAPOXET STREET** Street Address **1169 BULLOCKS POINT ROAD**
City **JEFFERSON** State **MA** Zip **01522** City **RIVERSIDE** State **RI** Zip **02915**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
Director Name **GEORGE GRABOYS** Director Name **JOSEPH F. WHINERY, JR.**
Street Address **95 HOLLY ROAD** Street Address **21 WEYMOUTH STREET**
City **MARION** State **MA** Zip **02738** City **PROVIDENCE** State **RI** Zip **02906**
Director Name **MARK A. SHAW** Director Name
Street Address **1169 BULLOCKS POINT AVENUE** Street Address
City **RIVERSIDE** State **RI** Zip **02915** City State Zip

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 NO PAR VALUE**

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



* 1 2 5 6 4 5 *

File Date: 3.3.03
Check No.: 146185
By: UP

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.
 2/25/03
Signature of Officer Date

MARK A. SHAW
Print or Type Name of Officer
TREASURER
Title of Officer