

1.) CORPORATION NAME:

**FIDELITY INSURANCE AGENCY, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1239922**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 SALEM STREET, 03N

CITY/ST/ZIP: SMITHFIELD, RI 02197

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CYRUS TARAPOREVALA TITLE: PRESIDENT ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J CUMMINGS TITLE: VICE PRESIDENT ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MILES MEI TITLE: TREASURER ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEREMY LAUREN TITLE: REGISTEREDAGENT ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN LEARY TITLE: COMP OFFICER ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD M SHEA TITLE: SECRETARY ADDRESS: 100 SALEM STREET, 03N CITY/ST/ZIP/CO: SMITHFIELD, RI 02197	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER SERVISON DIRECTOR 100 SALEM STREET, 03N SMITHFIELD, RI 02197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EDWARD M SHEA	EDWARD M SHEA, SECRETARY	6/13/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			