

1.) CORPORATION NAME:

**McSweeney & Ricci Insurance Agency, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1748054**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	115,000
COMBNV	1,250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MCSWEENEY & RICCI INSURANCE AGENCY INC  
420 WASHINGTON ST

CITY/ST/ZIP: BRAintree, MA 02184

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:	MARY LOU RICCI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	550 LIBERTY ST #104		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	MARYELLEN SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP TREA		
ADDRESS:	16 CAPE COD LN		
CITY/ST/ZIP/CO:	MILTON, MA 02186		

NAME:	PAUL A MARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	107 RIVER BROOK ROAD		
CITY/ST/ZIP/CO:	RAYNHAM, MA 02767		

NAME:	SUSAN M RIGGINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SECRETARY		
ADDRESS:	46 DUXBOROUGH TRAIL		
CITY/ST/ZIP/CO:	DUXBURY, MA 02332		

NAME:	TIMOTHY A. HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	550 LIBERTY ST, #104		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	G. TIMOTHY KANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	25 BROOKVIEW RD		
CITY/ST/ZIP/CO:	MILLIS, MA 02054		

NAME: JOHN E. CURRY TITLE: CFO ADDRESS: 9525 BLIND PASS RD, #107 CITY/ST/ZIP/CO: ST. PETE BEACH, FL 33706	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY A. LEARY TITLE: DIRECTOR ADDRESS: 41 BOLIVAR ST CITY/ST/ZIP/CO: CANTON, MA 02021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK M. LEARY TITLE: DIRECTOR ADDRESS: 15 HARLOW RD CITY/ST/ZIP/CO: MARSHFIELD, MA 02050	<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/ MARY LOU RICCI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY LOU RICCI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/17/2014 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.		