

1.) CORPORATION NAME: BOYNTON INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MA	DUE DATE: 11/30/2015 SCC ID NO: F1980996 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	7,500
CLASS	AUTHORIZED				
COMMON	7,500				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 72 RIVER PARK ST
CITY/ST/ZIP: NEEDHAM, MA 02494

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: CHARLES I BOYNTON III TITLE: PRESIDENT ADDRESS: 72 RIVER PARK ST CITY/ST/ZIP/CO: NEEDHAM, MA 02494	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANTHONY L BOYNTON TITLE: TREAS SECY VP ADDRESS: 72 RIVER PARK STREET CITY/ST/ZIP/CO: NEEDHAM, MA 02494	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARILYN T KEENAN TITLE: VICE PRESIDENT ADDRESS: 72 RIVER PARK ST CITY/ST/ZIP/CO: NEEDHAM, MA 02494	<input checked="" type="checkbox"/>	OFFICER	<input 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/ CHARLES I BOYNTON III	CHARLES I BOYNTON III,	10/22/2015
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.