

No. C 202618		Due no later than Jun 30, 2016		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. GARITY ASSOCIATES BROKERAGE INSURANCE AGENCY, INC. 17 ACCORD PARK DR STE 107 NORWELL MA 02061		BILL DEAL 700 W STATE ST FL3 IDAHO DEPT OF INSURANCE BOISE ID 83702		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRIAN GARITY	17 ACCORD PARK DR STE 107	NORWELL	MA		02061	
5. Organized Under the Laws of: MA C 202618		6. Annual Report must be signed.* Signature: Brian C Garity Name (type or print): Brian C Garity Date: 06/21/2016 Title: President					
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.					