

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005878

**Entity Name:** COAKLEY, PIERPAN, DOLAN & COLLINS INSURANCE AGENCY, INC.

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC7593859255**

**Current Principal Place of Business:**

26 UNION ST  
NORTH ADAMS, MA 01247

**Current Mailing Address:**

26 UNION ST  
NORTH ADAMS, MA 01247

**FEI Number: 04-2375409**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name GRAY, GRACE J  
Address 26 UNION ST  
City-State-Zip: NORTH ADAMS MA 01247

Title VP  
Name ROBINSON, WILLIAM R  
Address 26 UNION STREET  
City-State-Zip: NORTH ADAMS MA 01247

Title D  
Name SYRLUGA, BRADLEY C  
Address 26 UNION STREET  
City-State-Zip: NORTH ADAMS MA 01247

Title D  
Name BULLETT, RICHARD  
Address 93 MAIN STREET  
City-State-Zip: NORTH ADAMS MA 01247

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GRACE GRAY

VICE PRESIDENT

02/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date