## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005878

Entity Name: COAKLEY, PIERPAN, DOLAN & COLLINS INSURANCE

AGENCY, INC.

**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: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Jan 25, 2013

**Secretary of State** 

CC9172882713

Officer/Director Detail:

Title PD Title VP

NameDOLAN, TIMOTHY RNameGRAY, GRACE JAddress26 UNION STAddress26 UNION ST

City-State-Zip: NORTH ADAMS MA 01247 City-State-Zip: NORTH ADAMS MA 01247

Title TD Title VP

NameCROWE, STEPHEN GNameROBINSON, WILLIAM RAddress93 MAIN STAddress26 UNION STREET

City-State-Zip: NORTH ADAMS MA 01247 City-State-Zip: NORTH ADAMS MA 01247

Title D Title D

NameSYRLUGA, BRADLEY CNameBULLETT, RICHARDAddress26 UNION STREETAddress93 MAIN STREET

City-State-Zip: NORTH ADAMS MA 01247 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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: TIMOTHY DOLAN

PRESIDENT

01/25/2013

Date