



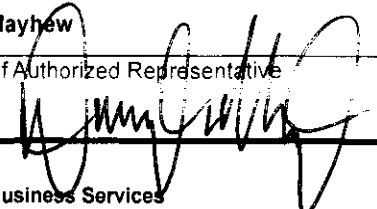
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2017
Corporation

FOR

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 98291		2. Exact name of the Corporation OceanPoint Insurance Agency, Inc.			
3. Principal Office Address 500 West Main Road		City Middletown	State RI	Zip 02842	
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island To engage in the business of an insurance producer.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Mayhew		Vice-President Name			
Street Address 500 West Main Road		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Sandra J. Pattie		Treasurer Name Gregory Derderian			
Street Address 500 West Main Road		Street Address 500 West Main Road			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Douglas Mayhew		Director Name Sandra J. Pattie			
Street Address 500 West Main Road		Street Address 500 West Main Road			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Peter Capodilupo		Director Name Cynthia Reed			
Street Address 500 West Main Road		Street Address 500 West Main Road			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	\$.01 Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Douglas Mayhew				Date 3/2/17	
Signature of Authorized Representative 				FILED MAR 02 2017 1551	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

OceanPoint Insurance Agency, Inc.
Corporate ID No. 98291
2017 Annual Report
Secretary of State

Additional Director:

Colin Kane
500 West Main Road
Middletown, RI 02842