



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000150434

2. Name of Corporation Home Crest Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 17861 VON KARMAN AVENUE
BLDG. E

City or Town: IRVINE

State: CA Zip: 92614 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY AND BROKERAGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURA A. PANTALEO	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA
TREASURER	DAVID S. BARRELL	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA
SECRETARY	MARIE I. JORDAN	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA
DIRECTOR	DAVID S. BARRELL	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA

DIRECTOR	CORRINE M. BURGER	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA
DIRECTOR	LAURA A. PANTALEO	17861 VON KARMAN AVENUE BLDG. E IRVINE, CA 92614 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$100.0000	250.00	50

9. 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.

Signed this 11 Day of February, 2014 at 10:51:18 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE DONATO
Signature of Authorized Representative of the Corporation

POA
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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