



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: 2016

1. Corporate ID No. 000080600

2. Name of Corporation PayneWest Insurance, Inc.

3. Street Address Principal Business Office:

No. and Street: 2925 PALMER STR, STE B  
PO BOX 4386

City or Town: MISSOULA State: MT Zip: 59806 Country: USA

4. Business Phone No.

4063276432

5. State of Incorporation

State: MT

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

DEALING IN NON-RESIDENT INSURANCE

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
TREASURER	KEN R. LADDUSAW	2916 STILLWATER DRIVE BILLINGS, MT 59102 USA
SECRETARY	SARAH KELLY	11 WOODWARD COURT HELENA, MT 59601 USA
CEO	KYLE LINGSCHIEIT	2925 PALMER ST, STE B MISSOULA, MT 59808 USA
VICE PRESIDENT	MINDY CARVER	2925 PALMER STREET MISSOULA, MT 59808 USA

VICE PRESIDENT	MINDY CARVER	PO BOX 4386 MISSOULA, MT 59806 USA
DIRECTOR	JOHN SACIA	4311 E LAKE SAMMAMISH PARKWAY SE ISSAQUAH, WA 98026 USA
DIRECTOR	TERRY PAYNE	501 PATTEE CANYON DR. MISSOULA, MT 59803 USA
DIRECTOR	PATRICK S. MCCUTCHEON	7 CLOVERVIEW DR. HELENA, MT 59604 USA
DIRECTOR	LARRY SIMKIN	PO BOX 16630 MISSOULA, MT 59601 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		\$1.0000	600,000.00	422680

**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 5 Day of January, 2016 at 5:42:24 PM.** *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 MINDY CARVER  
Signature of Authorized Representative of the Corporation

**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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