

1, Corporate ID No.

4. Business Phone No. 401-432-8852

3. Street Address Principal Business Office 401 Wampannoag Tr. Ste. 100

108602

2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation Rhode Island

2. Name of Corporation
Ocean State INsurance Services, Inc.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

City East Providence

RI

zір 02915

6. Brief Description of the Character of Business Conducted in Rhode Island to conduct an insurance agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bryan D. Becotte			Vice President Name		
Street Address 401 Wampannoag Tr. Ste. 100			Street Address		
City East Providence	State RI	^{Ζψ} 02915	City	State	Zip
Socretary Name Rose Marie Ingegneri			Treasurer Name Benedict J. Ingegneri		
Street Address 401 Wampannoag Tr. Ste. 100			Street Address 401 Wampannoag Tr. Ste. 100		
City East Providence	State RI	^{Zip} 02915	City East Providence	State RI	^{Zip} 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Bryan D. Bencotte					
Street Address 401 Wampannoag Tr. Ste. 100			Street Address		
City	State	Zip	City	State	Zip
East Providence	RI	02915	•		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	common	\$1.00 par value
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. JAN 0.6 2016 Under penalty of perjury, I declare and affirm that I have examined this report, including a schedules and statements, and that all statements.					
including any a companying schedules and statements, and that all statements contained herein are true and correct. File Date					
Title					Form 630 Rev. 08/08