

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. 000119529

2. Name of Corporation FEINGOLD & FEINGOLD INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 22 ELM STREET

City or Town: WORCESTER State: MA Zip: 01608 Country: USA

4. Business Phone No.

508-831-9500

5. State of Incorporation

State: MA

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

INSURANCE SALES (ALL TYPES, INCLUDING VARIABLE PRODUCTS), RETIREMENT PLAN ADMINISTRATION (THIRD PARTY), FINANCIAL PLANNING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
CEO	SAUL F FEINGOLD	10 DICK STREET WORCESTER, MA 01609 USA	
CO-PRESIDENT	DAVID M DIMENSTEIN	29 AYLESBURY RD WORCESTER, MA 01609 USA	
CO-PRESIDENT	LISA M HIRBOUR	81 NORTH STREET DOUGLAS, MA 01516 USA	
DIRECTOR	SAUL F FEINGOLD	10 DICK STREET WORCESTER, MA 01609 USA	

DIRECTOR	DAVID M DIMENSTEIN	29 AYLESBURY RD WORCESTER, MA 01609 USA
DIRECTOR	LISA M HIRBOUR	81 NORTH STREET DOUGLAS, MA 01516 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	26,500.00	12682
PWP		\$100.0000	1,000.00	0

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 12 Day of January, 2016 at 9:47:37 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 LISA M HIRBOUR CO-PRESIDENT

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

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved