



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 19857		2. Exact name of the Corporation OLIVER INSURANCE AGENCY INC.			
3. Principal office address 645 Metacom Avenue			City Bristol	State RI	Zip 02809
4. Business Phone No. 401 253 4900		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY					
President Name a Albert Oliver			Vice-President Name Albert Alan Oliver		
Street Address 39 Tobin Lane			Street Address 1145 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Albert Alan Oliver			Treasurer Name Albert Oliver		
Street Address 1145 Hope Street			Street Address 39 Tobin Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Albert Oliver			Director Name		
Street Address 39 Tobin Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			600	N/A	No 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.

FILED

JAN 15 2016

40751

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.

Albert Alan Oliver 1/15/16
 Signature of Authorized Representative Date

Albert Alan Oliver
 Print or Type Name of Authorized Representative