



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. 121137		2. Exact name of the Corporation John A. Pierce Insurance Agency, Inc.			
3. Principal office address 934 Main Street		City Winchester		State MA	Zip 01890
4. Business Phone No. 729-8770		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Sell and service property and casualty insurance policies to individuals and businesses.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name and CEO Kevin L. Pierce			Vice-President Name None		
Street Address 220 Mitchell G Drive			Street Address		
City Tewksbury	State MA	Zip 01876	City	State	Zip
Secretary Name and CFO John A. Pierce, III			Treasurer Name Carole A. Pierce Connolly		
Street Address 325 Washington Street			Street Address 7 Fox Hunt Lane		
City Winchester	State MA	Zip 01890	City Winchester	State MA	Zip 01890
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin L. Pierce			Director Name Carole A. Pierce Connolly		
Street Address 220 Mitchell G Drive			Street Address 7 Fox Hunt Lane		
City Tewksbury	State MA	Zip 01876	City Winchester	State MA	Zip 01890
Director Name Edward M. Pierce			Director Name		
Street Address 5 Norma Road			Street Address		
City Bedford	State MA	Zip 01730	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			450	Common	No par

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CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

FEB 03 2016

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.

Signature of Authorized Representative

Date

Kevin L. Pierce

Print or Type Name of Authorized Representative

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