



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. 000130156

2. Name of Corporation FIDELITY INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 100 SALEM STREET 02N

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

4. Business Phone No.

617-563-1175

5. State of Incorporation

State: MA

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

TO ACT EXCLUSIVELY AS AN INSURANCE AGENT AND BROKER

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
PRESIDENT	WILLIAM JOSEPH JOHNSON JR	100 SALEM STREET, 02N SMITHFIELD, RI 02917 USA
SECRETARY	LANCE WARRICK	100 SALEM STREET, 02N SMITHFIELD, RI 02917 USA
DES RESP PRODUCER	JEREMY LAUREN	100 SALEM STREET, 02N SMITHFIELD, RI 02917 USA
DIRECTOR	ROGER SERVISON	100 SALEM STREET 02N SMITHFIELD, RI 02917 USA
DIRECTOR	ROBERT H BROWN	100 SALEM STREET 02N

		SMITHFIELD, RI 02917 USA
DIRECTOR	WILLIAM JOSEPH JOHNSON JR	100 SALEM STREET, 02N SMITHFIELD, RI 02917 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	250,000.00	100

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 10 Day of February, 2016 at 11:40:31 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 LANCE WARRICK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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