



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. <b>161219</b>		2. Exact name of the Corporation <b>FARMINGTON INSURANCE AGENCY, INC.</b>			
3. Principal office address <b>24 Farmington Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. Business Phone No. <b>401-944-2230</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>INSURANCE AGENCY</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>MICHELE A. CALABRESE</b>			Vice-President Name <b>JOSEPH CALABRESE</b>		
Street Address <b>11 Westview Drive</b>			Street Address <b>1134 Plainfield Street</b>		
City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>JOSEPH CALABRESE</b>			Treasurer Name <b>MICHELE A. CALABRESE</b>		
Street Address <b>1134 Plainfield Street</b>			Street Address <b>11 Westview Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b> <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
			100 Shares	Common	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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 FEB 10 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.

*Michele Calabrese* 2-4-16  
 Signature of Authorized Representative Date

**MICHELE A. CALABRESE**

Print or Type Name of Authorized Representative

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