



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 6406		2. Exact name of the Corporation Maggiacomo Insurance Agency, Inc.			
3. Principal office address 260 West Exchange Street, Suite 2		City Providence, RI	State RI	Zip 02903	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island General insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas E. Maggiacomo			Vice-President Name Elise Maggiacomo		
Street Address 260 West Exchange Street, Suite 2			Street Address 260 West Exchange Street, Suite 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Thomas E. Maggiacomo			Treasurer Name Thomas E. Maggiacomo		
Street Address 260 West Exchange Street, Suite 2			Street Address 260 West Exchange Street, Suite 2		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
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	
5		Voting		No Par Value	
395		Non-Voting		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

Form No. 630
Revised: 01/2012

FILED

FEB 12 2016

BY

JAN 21 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

Thomas E. Maggiacomo, President

Print or Type Name of Authorized Representative

Date