



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. 186569		2. Exact name of the Corporation Furtado Insurance Agency, Inc.								
3. Principal office address 959 Mineral Spring Avenue, Unit 3			City North Providence	State RI	Zip 02904					
4. Business Phone No. (401) 722-4022			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Providing insurance and insurance-related products to the general public and any other lawful business.										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Natalia Furtado			Vice-President Name Natalia Furtado							
Street Address 161 Angell Road			Street Address 161 Angell Road							
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865					
Secretary Name Natalia Furtado			Treasurer Name Natalia Furtado							
Street Address 161 Angell Road			Street Address 161 Angell Road							
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Natalia Furtado			Director Name							
Street Address 161 Angell Road			Street Address							
City Lincoln	State RI	Zip 02865	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		
						100	Common	No Par		

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

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

Natalia Furtado

Print or Type Name of Authorized Representative

FILED

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