



**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.** 000122307

**2. Name of Corporation** JOHN P. NIXON INSURANCE AGENCY, INC.

**3. Street Address Principal Business Office:**

No. and Street: 425 NEWTONVILLE AVENUE

City or Town: NEWTONVILLE

State: MA

Zip: 02460

Country: USA

**4. Business Phone No.**

617-969-3240

**5. State of Incorporation**

State: MA

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

SALE OF PROPERTY AND CASUALTY INSURANCE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| TREASURER | DAVID S NIXON                                  | 202 STAGE ISLAND ROAD<br>CHATHAM, MA 02633 USA             |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares | Total Issued<br>and<br>Outstanding<br>Num of |
|----------------|-----------------|---------------------|----------------------------|----------------------------------------------|
|----------------|-----------------|---------------------|----------------------------|----------------------------------------------|

|     |  |          |                         |               |
|-----|--|----------|-------------------------|---------------|
|     |  |          | <i>Number of Shares</i> | <i>Shares</i> |
| CNP |  | \$0.0000 | 7,500.00                | 50            |

**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 19 Day of February, 2016 at 10:21:43 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 MICHELE FARACA  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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