



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. 120246		2. Exact name of the Corporation Waltham Insurance Center, Inc.		
3. Principal office address 230 Second Avenue		City Waltham	State Mass	Zip 02451
4. Business Phone No. 781-890-0999		5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island Insurance Property and Casualty				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name William T. Ryane		Vice-President Name		
Street Address 25 Washington Drive		Street Address		
City Sudbury	State MA	Zip 01776	City	State Zip
Secretary Name William T. Ryane		Treasurer Name William T. Ryane		
Street Address 25 Washington Drive		Street Address 25 Washington Drive		
City	State	Zip	City Sudbury	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name William T. Ryane		Director Name Robert J. Capone		
Street Address 25 Washington Drive		Street Address 143 Peckham Road.		
City Sudbury	State MA	Zip 01776	City Sudbury	State MA
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 checked="" 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
		1,000	1	\$1.00

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

MAR 31 2016

By 271518

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: Colleen Fernandes Date: 3/31/16
 Print or Type Name of Authorized Representative: Colleen Fernandes