



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. 14059		2. Exact name of the Corporation STATEWIDE INSURANCE, INC.			
3. Principal office address 14 Woodruff Avenue			City Narragansett	State RI	Zip 02882
4. Business Phone No. 792-9100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island insurance agency					
President Name TERRANCE A. BIAFORE			Vice-President Name TERRANCE M. BIAFORE		
Street Address 14 Woodruff Avenue			Street Address 14 Woodruff Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name JOHN D. BIAFORE			Treasurer Name TERRANCE A. BIAFORE		
Street Address 478A Broadway			Street Address 14 Woodruff Avenue		
City Providence	State RI	Zip 02909	City Narragansett	State RI	Zip 02882
7. Director Name TERRANCE A. BIAFORE			Director Name		
Street Address 14 Woodruff Avenue			Street Address		
City Narragansett	State RI	Zip 02882	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)		
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 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

MAY 18 2016

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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

TERRANCE A. BIAFORE, President

Print or Type Name of Authorized Representative