



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. 67410		2. Exact name of the Corporation TOWNE CRIER AGENCY, INC.						
3. Principal office address 1025 TIOGUE AVENUE		City COVENTRY	State RI	Zip 02816				
4. Business Phone No. 828-2100		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island MODULAR UNITS; RESIDENTIAL AND COMMERCIAL								
7. LIST ALL PERSONS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT								
President Name ELAINE M. ECCLESTON			Vice-President Name ELAINE M. ECCLESTON					
Street Address 224 STUBBLE BROOK ROAD			Street Address 224 STUBBLE BROOK ROAD					
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816			
Secretary Name ELAINE M. ECCLESTON			Treasurer Name ELAINE M. ECCLESTON					
Street Address 224 STUBBLE BROOK ROAD			Street Address 224 STUBBLE BROOK ROAD					
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT								
Director Name ELAINE M. ECCLESTON			Director Name					
Street Address 224 STUBBLE BROOK ROAD			Street Address					
City COVENTRY	State RI	Zip 02816	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 VAUE

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.

FILED

JUN 20 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.

Elaine M. Eccleston, Pres 3/12/16
Signature of Authorized Representative Date

ELAINE M. ECCLESTON

Print or Type Name of Authorized Representative