State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corp
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000119529

2. Name of Corporation FEINGOLD & FEINGOLD INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 22 ELM STREET
City or Town: WORCESTER State: MA Zip: 01608 Country: USA

5. State of Incorporation

State: MA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 52

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

INSURANCE SALES (ALL TYPES, INCLUDING VARIABLE PRODUCTS), RETIREMENT PLAN ADMINISTRATION (THIRD PARTY), FINANCIAL PLANNING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	SAUL F FEINGOLD	10 DICK STREET WORCESTER, MA 01609 USA
CO-PRESIDENT	DAVID M DIMENSTEIN	29 AYLESBURY RD WORCESTER, MA 01609 USA
CO-PRESIDENT	LISA M HIRBOUR	81 NORTH STREET DOUGLAS, MA 01516 USA
DIRECTOR	SAUL F FEINGOLD	10 DICK STREET WORCESTER, MA 01609 USA

DIRECTOR	DAVID M DIMENSTEIN	29 AYLESBURY RD WORCESTER, MA 01609 USA
DIRECTOR	LISA M HIRBOUR	81 NORTH STREET DOUGLAS, MA 01516 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.0000	26,500.00	12715
PWP		$100.0000	1,000.00	0

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 17 Day of January, 2017 at 10:38:35 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 LISA M HIRBOUR CO-PRESIDENT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 17, 2017 10:38 AM

Nellie M. Gorbea
Secretary of State

0-8774-0