



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: 2017

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

4. Business Phone No.

508-831-9500

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 <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
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 10:49:36 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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