



State of Rhode Island and Providence Plantations  
**Department of State – Business Services Division**

**ANNUAL REPORT FOR THE YEAR** 2017

**Corporation**

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. <b>001666296</b>		2. Name of Corporation <b>Bruce Messier Insurance, Inc.</b>			
3. Street Address Principal Business Office <b>7 Wake Robin Road, Unit 311</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>52</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>personal lines insurance</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Bruce J. Fisher-Messier</b>			Vice President Name		
Street Address <b>7 Wake Robin Road, Unit 311</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>Bruce J. Fisher-Messier</b>			Treasurer Name <b>Bruce J. Fisher-Messier</b>		
Street Address <b>7 Wake Robin Road, Unit 311</b>			Street Address <b>7 Wake Robin Road, Unit 311</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input 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.					
			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class/Series	Par Value	
		<b>100 common shares \$.01 par value</b>			

11. 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.

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.

*Bruce J. Fisher-Messier*  
 Signature

*10 JAN 2017*  
 Date

**Bruce J. Fisher-Messier**

Print or Type Name

**President**

Title

**FILED** *OR*

**JAN 17 2017**

*250806*

MAIL TO:  
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