



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

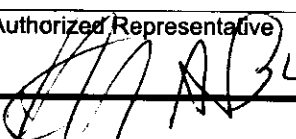
Annual Report for the year: **2017**
Corporation

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

FILED

JAN 25 2017

BY 04845

1. Entity ID Number 1058		2. Exact name of the Corporation The Angell Pension Group, Inc.			
3. Principal Office Address 88 BOYD AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 81 - Other Services (except	6. Brief description of the character of business conducted in Rhode Island ADVISORS ON PENSION, PROFIT AND OTHER RETIREMENT PLANS.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name JEFFREY A. BAUER			Vice-President Name SUSAN E. COLLINS		
Street Address 88 BOYD AVENUE			Street Address 88 BOYD AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JEFFREY A. BAUER			Treasurer Name JEFFREY A. BAUER		
Street Address 88 BOYD AVENUE			Street Address 88 BOYD AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEFFREY A. BAUER			Director Name		
Street Address 88 BOYD AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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.					
Name of Authorized Representative JEFFREY A. BAUER					Date 1/24/17
Signature of Authorized Representative  SIGN DOCUMENT HERE					

The Angell Pension Group, Inc.
Corporate ID No. 1058

ATTACHMENT

Assistant Secretary

Susan E. Collins

**88 Boyd Avenue
East Providence, RI 02914**