



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. Entity ID Number 36599		2. Exact name of the Corporation J.J. Gilmartin & Son Agency, Inc.	
3. Principal Office Address 1293 Post Road		City Warwick	State RI
		Zip 02888	
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island general business and insurance purposes		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joseph J. Gilmartin, III		Vice-President Name Joseph J. Gilmartin, III	
Street Address 1293 Post Road		Street Address 1293 Post Road	
City Warwick	State RI	Zip 02888	City Warwick
			State RI
			Zip 02888
Secretary Name Joseph J. Gilmartin, III		Treasurer Name Joseph J. Gilmartin, III	
Street Address Same		Street Address Same	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100	common
			no 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 Joseph J. Gilmartin, III		Date 1/18/17	
Signature of Authorized Representative 		FILED JAN 25 2017 BY 286 DS	
		President	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov