

# 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

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	<b>REPORT</b>	YEAR:	2017

- 1. Corporate ID No. 000009995
- 2. Name of Corporation Mercier & Kosinski Insurance, Inc.
- 3. Street Address Principal Business Office:

No. and Street: 1009 SMITHFIELD AVENUE

City or Town: LINCOLN State: RI Zip: 02865 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

### ARTICLE III

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

NAICS Code 54

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

#### OPERATION OF AN INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	JOSEPH R. KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 USA	

TREASURER	JOSEPH R. KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 USA
SECRETARY	DENISE S KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 USA
DIRECTOR	RICHARD J. KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 USA
DIRECTOR	JOSEPH R. KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 USA
DIRECTOR	DENISE S. KOSINSKI	25 SUFFOLK WAY LINCOLN, RI 02865 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	500.00	250

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 27 Day of January, 2017 at 10:09:10 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 DENISE S. KOSINSKI

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved