



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 103794		2. Exact name of the Corporation Woodbine Insurance Associates, Inc.		
3. Principal Office Address 321 South Main Street, Suite 301		City Providence	State RI	Zip 02903
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island To engage in the general insurance brokerage business.		
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 Michael J. Woodbine		Vice-President Name Michael J. Woodbine		
Street Address 1429 Warwick Avenue, Suite 6		Street Address same as above		
City Warwick	State RI	Zip 02888	City	State
Secretary Name Michael J. Woodbine		Treasurer Name Michael J. Woodbine		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		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 Michael J. Woodbine, President			Date <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div>	
Signature of Authorized Representative 			<div style="text-align: center; font-weight: bold; font-size: 1.2em;">FEB 23 2017</div>	

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