



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

Foreign 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 REPORT YEAR: 2017

1. Corporate ID No. 000124354

2. Name of Corporation White - Jubinville Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 39 LAMB STREET

City or Town: SOUTH HADLEY

State: MA

Zip: 01075

Country: USA

4. Business Phone No.

413-538-8293

5. State of Incorporation

State: MA

ARTICLE III

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

NAICS Code

6

81

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

PROPERTY AND CASUALTY INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DAVID W. JUBINVILLE	41 WEST SUMMIT STREET UNIT 9 SOUTH HADLEY, MA 01075 USA
SECRETARY	CARY R JUBINVILLE	132 COLD HILL

		GRANBY, MA 01033 USA
PRESIDENT	CARY R JUBINVILLE	132 COLD HILL ROAD GRANBY, MA 01033- USA
DIRECTOR	DAVID W. JUBINVILLE	41 WEST SUMMIT ST. SUITE 9 SOUTH HADLEY, MA 01075 USA
DIRECTOR	WILLIAM F. JUBINVILLE	603 KYHYBER LANE VENICE, MA 34293 USA
DIRECTOR	CARY R. JUBINVILLE	132 COLD HILL GRANDY, MA 01033 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	7,300.00	1825

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 6 Day of February, 2017 at 1:30:48 PM. 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 KIM LARKIN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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