State of	of Rhode Island and Pro	vidence Plantations	Fee: \$50.00				
	Office of the Secreta	ry of State					
	Division Of Business Services 148 W. River Street						
HOPE	Providence RI 0290 (401) 222-304						
Foreign Business Corpora	ation						
Annual Report Filing Period: January 1 - March 1							
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by I						
ANNUAL REPORT YEAR: 2017	-						
1. Corporate ID No. 00010	03878						
2. Name of Corporation Balbo	oa Insurance Services, Inc.						
3. Street Address Principal Bus	siness Office:						
No. and Street:4500 PARKCity or Town:CALABASA	GRANADA CH-11 AS	State: <u>CA</u> Zip: <u>91302</u> Cou	ntry: <u>USA</u>				
4. Business Phone No.							
5. State of Incorporation							
State: <u>CA</u>							
	ARTICLE III						
Using the following NAICS codes	s, please select the code that b	est describes your business.					
NAICS Code	NAICS Code <u>52</u>						
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island					
AN INSURANCE AGENCY			<u>TS</u>				
PERSONAL LINES AND CO NATIONWIDE.	PERSONAL LINES AND COMMERCIAL LINES OF INSURANCE PRODUCTS NATIONWIDE.						
7. Names and Addresses of the	e Officers and Directors:						
All officers and directors must be listed.							
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C					

		CHARLOTTE, NC 28255 USA
VICE PRESIDENT	JASON PRITCHARD	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 USA
PRESIDENT	LORI FITZGERALD	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 USA
TREASURER	FELIPE MALDONADO	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 USA
DIRECTOR	LORI FITZGERALD	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 USA
DIRECTOR	MICHELLE M JOHNSON	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 USA
DIRECTOR	DEA L CHRISTIAN	150 N COLLEGE ST; NC1-028-17-06 CHARLOTTE, NC 28255 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 <i>Num of</i> <i>Shares</i>
CWP		\$0.0500	1,000.00	1000

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 13 Day of February, 2017 at 5:15:11 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 JASON PRITCHARD

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

 $\textcircled{\mbox{\sc op}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved