



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2017 FEB 14 PM 1:12
 FILED
 STATE

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 93996		2. Exact name of the Corporation Daigneau Insurance Agency, Inc.			
3. Principal Office Address 51 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island To own and operate an insurance company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Jennifer L. Daigneau			Vice-President Name None		
Street Address 792 Wrights Crossing Road			Street Address		
City Pomfret Center	State CT	Zip 06259	City	State	Zip
Secretary Name Joyce M. Daigneau			Treasurer Name Jennifer L. Daigneau		
Street Address 792 Wrights Crossing Road			Street Address 792 Wrights Crossing Road		
City Pomfret Center	State CT	Zip 06259	City Pomfret Center	State CT	Zip 06259
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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	\$1.00 par
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 John J. Partridge					Date 2/3/17
Signature of Authorized Representative <i>John J. Partridge, asst secretary</i>					FILED

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

FEB 14 2017

By *AS* 56811

Daigneau Insurance Agency, Inc.

93996

Additional Officer:

Assistant Secretary: John J. Partridge, 40 Westminster Street, Suite 1100, Providence, RI 02903