



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 FEB 23 PM 1:59

1. Entity ID Number 47551		2. Exact name of the Corporation BUD BALFOUR INSURANCE, INC.	
3. Principal Office Address 712 Putnam Pike		City Chepachet	State RI
		Zip 02814	
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island DEAL, SELL, PROCURE ALL TYPES OF INSURANCE COVERAGE; GENERAL INSURANCE AGENCY		
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 Charles S. Balfour, Jr.		Vice-President Name Kathleen M. Balfour	
Street Address 81 Rustic Hill Road		Street Address 81 Rustic Hill Road	
City Glocester	State RI	Zip 02829	City Glocester
Secretary Name Kathleen M. Balfour		Treasurer Name Charles S. Balfour, Jr.	
Street Address 81 Rustic Hill Road		Street Address 81 Rustic Hill Road	
City Glocester	State RI	Zip 02829	City Glocester
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE No 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 Charles S. Balfour, Jr.		Date 2/7/17	
Signature of Authorized Representative <i>Charles S. Balfour Jr.</i>			

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

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FEB 24 2017

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