State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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	2. Exact name of the Corporation
47551	BUD BALFOUR INSURANCE, INC.

3. Principal Office Address	City	State	Zip
712 Putnam Pike	Chepachet	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
52 - Finance and Insurance	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 ☐

President Name	Street Address	City	State	Zip
Charles S. Balfour, Jr.	81 Rustic Hill Road	Glocester	RI	02829

Vice-President Name	Street Address	City	State	Zip
Kathleen M. Balfour	81 Rustic Hill Road	Glocester	RI	02829

Secretary Name	Street Address	City	State	Zip
Kathleen M. Balfour	81 Rustic Hill Road	Glocester	RI	02829

Treasurer Name	Street Address	City	State	Zip
Charles S. Balfour, Jr.	81 Rustic Hill Road	Glocester	RI	02829

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No Par
Changes require an additional filing.			

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	Date
Charles S. Balfour, Jr.	2/7/17

Signature of Authorized Representative: Charles S. Balfour Jr

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

FILED
FEB 24 2017
BY 155 DS

FORM 630 - Revised: 10/2016