


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 16663		2. Exact name of the Corporation WARREN E. NICHOLS INSURANCE AGENCY, INC.			
3. Principal office address 5805 Post Road			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401 884 1200			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Insurance Agency.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Roberta M. Gardiner			Vice-President Name Marie A. Bernard		
Street Address 909 Stony Lane			Street Address 180 West Log Bridge Road		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Marie A. Bernard			Treasurer Name Roberta M. Gardiner		
Street Address 180 West Log Bridge Road			Street Address 909 Stony Lane		
City Coventry	State RI	Zip 02816	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 27 2017
 02815
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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.

Signature of Authorized Representative

Roberta M. Gardiner, President

Print or Type Name of Authorized Representative

 FEB 06 2017
 Date