



Department of State - Business Services Division

Annual Report for the year: ~~2016~~ 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 <b>1688</b>		2. Exact name of the Corporation <b>Avery-Smith Insurance, Inc.</b>			
3. Principal Office Address <b>237 New Meadow Road</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>52 - Finance and Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>Acting as agent/broker for insurance agencies.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nancy S. Labelle</b>			Vice-President Name <b>David W. Labelle</b>		
Street Address <b>237 New Meadow Road</b>			Street Address <b>237 New Meadow Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>David W. Labelle</b>			Treasurer Name <b>Nancy S. Labelle</b>		
Street Address <b>237 New Meadow Road</b>			Street Address <b>237 New Meadow Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David W. Labelle</b>			Director Name <b>Nancy S. Labelle</b>		
Street Address <b>237 New Meadow Road</b>			Street Address <b>237 New Meadow Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>None</b>			Director Name <b>None</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>500</b>		<b>Common</b>		<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Nancy S. Labelle, President</b>					Date <b>2/13/17</b>
Signature of Authorized Representative <i>Nancy S. Labelle</i>					

FEB 27 2017  
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