



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000099726

2. Name of Corporation Castle Edge Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 175 PARK AVENUE
City or Town: MADISON State: NJ Zip: 07940 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE BUSINESS EXCLUSIVELY AS AN INSURANCE AGENT AND
BROKER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE G. ZIPF	175 PARK AVENUE MADISON, NJ 07940 USA

TREASURER	ANTHONY E HULL	175 PARK AVENUE MADISON, NJ 07940 USA
SECRETARY	KENNETH D. HOFFERT	175 PARK AVENUE MADISON, NJ 07940 USA
DIRECTOR	MARILYN J WASSER	175 PARK AVENUE MADISON, NJ 07940 USA
DIRECTOR	BRUCE G. ZIPF	175 PARK AVENUE MADISON, NJ 07940 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200,000.00	0

9. 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.

Signed this 2 Day of March, 2017 at 2:11:38 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SETH I. TRUWIT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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