RI SOS Filing Number: 201737220820 Date: 3/2/2017 4:00:00 PM

State of Rhode Island a  Department of S			Division		_		
Annual Report for the y				STAMP			
→ Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00		ot filed by April 1.				FOR	
I. Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
122937	Mack Insur	ance Associates,	Inc.				
3. Principal Office Address 1401 Newport Avenue			City Pawtucke	et	State RI	Zip <b>02861</b>	
NAICS Code 52 - Finance and Insurance State of Incorporation Rhode Island			acter of business conducted in Rhode Island anagement, self-insurance				
List ALL officers (names and a	daresses)			Check	the boy to inc	dicate an attachmen	
resident Name Gerard A. Mack	Vice-President Name None						
Street Address 1401 Newport Avenue			Street Address				
Pawtucket	State RI	<sup>Zip</sup> 02861	City		State	Zip	
ecretary Name Gerard A. Mack	Treasurer Name  Gerard A. Mack  Street Address						
1401 Newport Avenue			1401 Newport Avenue				
Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtu	cket	State RI	<sup>Zip</sup> 02861	
8. List ALL directors (names and addresses) Director Name Gerard A. Mack			Check the box to indicate an attachment Director Name				
treet Address 1401 Newport Ave	nue		Street Addre	SS			
Pawtucket	State RI	<sup>Zip</sup> <b>02861</b>	City		State	Zip	
rector Name			Director Nan	ne	<u>.</u>		
reet Address	Street Address						
ty	State	Zip	City		State	Zip	
Shares Authorized his information is currently of record in the		10. Shares Iss				icate an attachment	
epartment of State.		100	JUNIO SUNICES	CLASS/SERIES		\$.01 Par	
. This report must be executed ustee, this report must be execu	on behalf of the	corporation by an	authorized repre	esentative. If the corpo	ration is in the	hands of a receive	
nder penalty of perjury, I declar atements, and that all stateme ame of Authorized Representation	are and affirm t ents contained	hat I have examin	ed this report.	including any accon		edules and	
erard A. Mack	7	<del>ri</del>		FILED	Date 2	14/17	
gnature of Authorized Represen		i. Lusign Doc	QUMENT HE	MAR 0 2 2017		200	
IL TO: ision of Business Services W. River Street, Providence, Rhod		;		155	2		
ove: River Street, Providence, Rhodi one: (401) 222-3040 bsite: www.sos.ri.gov	c island 02904-26	1 <b>0</b>	BY_	- A - A -		<b>)</b> 636 <b>-</b> Mardenati (fa)	

## MACK INSURANCE ASSOCIATES, INC.

Corporate ID: 122937 2017 Annual Report Secretary of State

Continuation Sheet

## **OFFICERS:**

Assistant Secretary: Steven M. McInnis 38 Bellevue Avenue Newport, RI 02840

Mack Insurance AR Addendum

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