



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1589		2. Exact name of the Corporation Auburn Insurance & Realty Co., Inc.			
3. Principal Office Address 1119 Reservoir Avenue			City Cranston	State R.I.	Zip 02910
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Independent Insurance Agent			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane A. Paolino-Shaw			Vice-President Name John A. Shaw & Justin C Shaw		
Street Address 115 Park Forest Road			Street Address 1119 Reservoir Avenue		
City Cranston	State R.I.	Zip 02910	City Cranston	State R.I.	Zip 02910
Secretary Name Justin C Shaw			Treasurer Name John A. Shaw		
Street Address 1119 Reservoir Avenue			Street Address 1119 Reservoir Avenue		
City Cranston	State R.I.	Zip 02910	City Cranston	State R.I.	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jane A. Paolino-Shaw			Director Name		
Street Address 115 Park Forest Road			Street Address		
City Cranston	State R.I.	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		No Par Common
			Common		
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. <i>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.</i>					
Name of Authorized Representative Jane A. P. Shaw				Date 2/27/17	
Signature of Authorized Representative 				FILED MAR 02 2017 	

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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