



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 83220		2. Exact name of the Corporation West Warwick Insurance Company, Inc.			
3. Principal Office Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island A licensed insurance producer.			
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 David Arpin			Vice-President Name Warren Ross		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name David Arpin			Treasurer Name Michael Killoran		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Arpin			Director Name Edward J. Braks		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Marco P. Uriati			Director Name		
Street Address 99 James P. Murphy Highway			Street Address		
City West Warwick	State RI	Zip 02893	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	PAR VALUE
		200		Common	\$1.00
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. 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.					
Name of Authorized Representative David Arpin				Date 2/28/17	
Signature of Authorized Representative <i>David Arpin</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 03 2017

OR

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FORM 630 - Revised: 02/2017