



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 4849		2. Exact name of the Corporation The Cormack-Routhier Agency, Inc.			
3. Principal Office Address 1 Harry Street			City Cranston	State RI	Zip 02907
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island Insurance Agency				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Phyllis A. Nigris			Vice-President Name Michael A. Bromage		
Street Address 38 Rotary Drive			Street Address 52 Mill Wheel Road		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
Secretary Name Phyllis A. Nigris			Treasurer Name Michael A. Bromage		
Street Address 38 Rotary Drive			Street Address 52 Mill Wheel Road		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
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 Phyllis A. Nigris, President				Date 2/8/17	
Signature of Authorized Representative <i>Phyllis A. Nigris</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

MAR 06 2017

BY 024929 DS FORM 630 - Revised: 10/2016

Officers:

Vice-President Name:

James J. Bromage
1 Harry Street
Cranston, RI 02907

FILED
MAR 08 2017
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