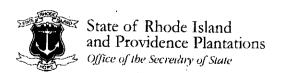
RI SOS Filing Number: 201738486810 Date: 3/23/2017 4:00:00 PM



Corporate Ilb No

60 N. Water St.

4. Business Phone No.

ldress Principal Business Office

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

02740

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

2. Name of Corporation
J.J. Best Insurance Agency Inc

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. \* 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.

City New Bedford

State

MA

4. Business Phone No. 508-991-8000		MA				
6. Brief Description of the Char Insurance	racter of Business Cond	ucted in Rhode Island				
7. NAMES AND ADDRES President Name John J. Meldon	SSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT)   FILL IN Vice President Name	SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
60 N. Water St City State Zin						
New Bedford	MA	02740	City	State	Zip	
Secretary Name John J. Meldon			Treasurer Name John J. Meldon			
Street Address 60 N. Water St			Street Address 60 N. Water St			
New Bedford	State MA	<i>Zip</i> 02740	City New Bedford	State MA	Ζφ 02740	
8. NAMES AND ADDRES Director Name Street Address	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)   FILL II  Director Name  Street Address	N SPACES BEFORE USIN	NG ATTACHMENTS	
			siver numes			
City	State	Zip	СИу	State	Zip	
Director Name			Director Name		l	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				   ("X" BOX FOR ATTAC     CTION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			200,000	Common	No Par Value	
This report must be execute this report must be executed	ted on behalf of the	e corporation by an authorize corporation by the receiver of	ed representative. If the coor trustee.	orporation is in the hand	s of a receiver or trustee,	
		FILEDMAR 2 3 2017	Under penalty of p	rjury. I declare and affirm t	that I have examined this report	
File Date	ву	2572	contained hereif at	mpanying scheddles and sta	atements, and that all statements	
Check No			Print or Type Name	John. J. Me	2/don	
FOR SECRETARY OF S	STATE USE ONLY		Title Tyle	sident		
			* *****		Form 630 Pey 19/09	