



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

**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.

1. Corporate ID No. <b>1145342</b>		2. Name of Corporation <b>J.J. Best Insurance Agency Inc</b>	
3. Street Address Principal Business Office <b>60 N. Water St.</b>		City <b>New Bedford</b>	State <b>MA</b>
		Zip <b>02740</b>	
4. Business Phone No. <b>508-991-8000</b>		5. State of Incorporation <b>MA</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Insurance</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ] FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>John J. Meldon</b>		Vice President Name	
Street Address <b>60 N. Water St</b>		Street Address	
City <b>New Bedford</b>	State <b>MA</b>	City	State
Zip <b>02740</b>		Zip	
Secretary Name <b>John J. Meldon</b>		Treasurer Name <b>John J. Meldon</b>	
Street Address <b>60 N. Water St</b>		Street Address <b>60 N. Water St</b>	
City <b>New Bedford</b>	State <b>MA</b>	City <b>New Bedford</b>	State <b>MA</b>
Zip <b>02740</b>		Zip <b>02740</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares <b>200,000</b>	Class/Series <b>Common</b>
		Par Value <b>No Par Value</b>	

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.

**FILED**

**MAR 23 2017**

**25726**

File Date \_\_\_\_\_ BY \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature \_\_\_\_\_ Date **3/8/17**

Print or Type Name **John J. Meldon**

Title **President**