



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. <u>1115342</u>		2. Name of Corporation J.J. Best Insurance Agency Inc	
3. Street Address Principal Business Office 60 N. Water St.		City New Bedford	State MA
		Zip 02740	
4. Business Phone No. 508-991-8000		5. State of Incorporation MA	
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)] FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John J. Meldon		Vice President Name	
Street Address 60 N. Water St		Street Address	
City New Bedford	State MA	City	State
	Zip 02740		Zip
Secretary Name John J. Meldon		Treasurer Name John J. Meldon	
Street Address 60 N. Water St		Street Address 60 N. Water St	
City New Bedford	State MA	City New Bedford	State MA
	Zip 02740		Zip 02740
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	Class/Series
		200,000	Common
	Par Value	No Par Value	

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

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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

Print or Type Name

Title

File Date _____ BY _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

John J. Meldon 3/8/17

President