



State of Rhode Island and Providence Plantations

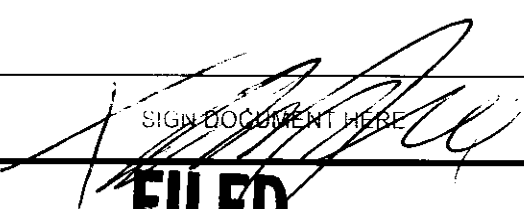
Department of State - Business Services Division

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 14059		2. Exact name of the Corporation STATEWIDE INSURANCE, INC.			
3. Principal Office Address 14 Woodruff Avenue		City Narragansett		State RI	Zip 02882
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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERRANCE A. BIAFORE		Vice-President Name TERRANCE M. BIAFORE			
Street Address 14 Woodruff Avenue		Street Address 14 Woodruff Avenue			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name JOHN D. BIAFORE		Treasurer Name TERRANCE A. BIAFORE			
Street Address 478A Broadway		Street Address 14 Woodruff Avenue			
City Providence	State RI	Zip 02909	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TERRANCE A. BIAFORE		Director Name			
Street Address 14 Woodruff Avenue		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no 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 TERRANCE A. BIAFORE, President				Date 3-20-17	
Signature of Authorized Representative 					

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 31 2017

FORM 630 - Revised: 02/2017

BY

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