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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
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	2. Exact name of the Corporation
92157	Continental Agency of Rhode Island, Inc.

3. Principal Office Address	City	State	Zip
1045 Warwick Avenue	Warwick	RI	02888

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 524210	Insurance Brokerage.
5. State of Incorporation	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Walter Prast			Vice-President Name: Walter Prast		
Street Address: 105 Sanford Street			Street Address: 105 Sanford Street		
City: Hamden	State: CT	Zip: 06158	City: Hamden	State: CT	Zip: 06158
Secretary Name: Walter Prast			Treasurer Name: Walter Prast		
Street Address: 105 Sanford Street			Street Address: 105 Sanford Street		
City: Hamden	State: CT	Zip: 06158	City: Hamden	State: CT	Zip: 06158

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Walter Prast			Director Name		
Street Address: 105 Sanford Street			Street Address		
City: Hamden	State: CT	Zip: 06158	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	Common	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	Date
Walter Prast	1/4/2018

Signature of Authorized Representative: Walter Prast SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 10 2018
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FORM 630 - Revised: 10/2017