State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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		
93996	**Daigneau Insurance Agency, Inc.**		
3 Principal Office Address: **51 Bullocks Point Avenue**	City: **East Providence**	State: **RI**	Zip: **02915**
4. NAICS Code: **524210**	6 Brief description of the character of business conducted in Rhode Island: **To own and operate an insurance company**		
5. State of Incorporation: **Rhode Island**			

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

President Name: **Jennifer L. Daigneau**			Vice-President Name: **None**		
Street Address: **792 Wrights Crossing Road**			Street Address:		
City: **Pomfret Center**	State: **CT**	Zip: **06259**	City:	State:	Zip:
Secretary Name: **Joyce M. Daigneau**			Treasurer Name: **Jennifer L. Daigneau**		
Street Address: **792 Wrights Crossing Road**			Street Address: **792 Wrights Crossing Road**		
City: **Pomfret Center**	State: **CT**	Zip: **06259**	City: **Pomfret Center**	State: **CT**	Zip: **06259**

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

Director Name: **None**			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**$1.00 par**

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
John J. Partridge	1/19/18

Signature of Authorized Representative: John J. Partridge

FILED

JAN 22 2018

BY 322318 KM

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

FORM 630 - Revised: 10/2017

Daigneau Insurance Agency, Inc. 93996

Additional Officer:

Assistant Secretary: John J. Partridge, 40 Westminster Street, Suite 1100, Providence, RI 02903

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