



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

Annual Report for the year: **2018**
Corporation

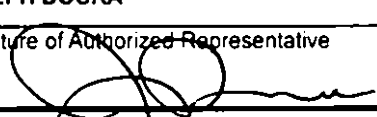
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

FILED 11P

JAN 25 2018

BY

4596

1. Entity ID Number 792409		2. Exact name of the Corporation JOSEPH DOURA AGENCY, INC			
3. Principal Office Address 1188 A MAIN STREET		City CHEPACHET		State RI	Zip 02814
4. NAICS Code 524114		6. Brief description of the character of business conducted in Rhode Island INSURANCE COMPANY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH DOURA			Vice-President Name		
Street Address 1188 A MAIN STREET			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Secretary Name JOSEPH DOURA			Treasurer Name JOSEPH DOURA		
Street Address 1188 A MAIN STREET			Street Address 1188 A MAIN STREET		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH DOURA			Director Name		
Street Address 1188 A MAIN STREET			Street Address		
City CHEPACHET	State RI	Zip 02814	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 CLASS/SERIES PAR VALUE		
			1000 1.00		
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 JOSEPH DOURA					Date 1-22-18
Signature of Authorized Representative 					
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