



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

Annual Report for the year: 2018
 Corporation _____

JAN 18 2018
 STATE OF RHODE ISLAND

- 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 16663		2. Exact name of the Corporation WARREN E. NICHOLS INSURANCE AGENCY, INC.			
3. Principal Office Address 5805 Post Road		City East Greenwich		State RI	Zip 02818
4. NAICS Code 52 <i>524210</i>		6. Brief description of the character of business conducted in Rhode Island Insurance agency.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roberta M. Gardiner			Vice-President Name Marie A. Bernard		
Street Address 909 Stony Lane			Street Address 180 West Log Bridge Road		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Marie A. Bernard			Treasurer Name Roberta M. Gardiner		
Street Address 180 West Log Bridge Road			Street Address 909 Stony Lane		
City Coventry	State RI	Zip 02816	City North Kingstown	State RI	Zip 02852
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASSIFICATION	
		100	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 Roberta M. Gardiner					Date JAN 18 2018
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED
 FEB 09 2018
 BY *[Signature]* 21628

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV