



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

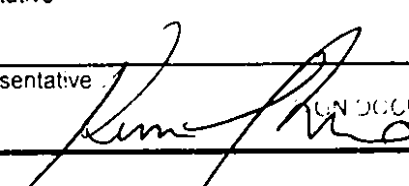
Annual Report for the year: **2018**

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 000121137		2. Exact name of the Corporation John A. Pierce Insurance Agency, Inc.			
3. Principal Office Address 934 Main Street			City Winchester	State MA	Zip 01890
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Sell and service property and casualty insurance policies to individuals and businesses.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name and CEO, Kevin L. Pierce			Vice-President Name None		
Street Address 220 Mitchell G. Drive			Street Address		
City Tewksbury	State MA	Zip 01876	City	State	Zip
Secretary Name and CFO, John A. Pierce, III			Treasurer Name Carole A. Pierce Connolly		
Street Address 325 Washington Street			Street Address 7 Fox Hunt Lane		
City Winchester	State MA	Zip 01890	City Winchester	State MA	Zip 01890
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin L. Pierce			Director Name Carole A. Pierce Connolly		
Street Address 220 Mitchell G. Drive			Street Address 7 Fox Hunt Lane		
City Tewksbury	State MA	Zip 01876	City Winchester	State MA	Zip 01890
Director Name Edward M. Pierce			Director Name		
Street Address 5 Norma Road			Street Address		
City Bedford	State MA	Zip 01730	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		CLASS/SERIES	PAR VALUE
		450		Common	No 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 Kevin L. Pierce					Date 1/25/2018
Signature of Authorized Representative 					FILED

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

FEB 09 2018
BY **303890**
A.A.

FORM 630 - Revised: 10/2017