



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

FEB 26 2018

BY

1004

1. Entity ID Number 657812		2. Exact name of the Corporation Spicola Insurance Agency, Inc.												
3. Principal Office Address 260 West Exchange St., Suite 002			City Providence	State RI	Zip 02903									
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance Agency													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Joseph J. Spicola			Vice-President Name Same											
Street Address 148 Aldrich Road			Street Address											
City North Scituate	State RI	Zip 02857	City	State	Zip									
Secretary Name Same			Treasurer Name Same											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Stk.</td> <td>\$.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Stk.	\$.01			
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100	Stk.	\$.01												
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 J. SPICOLA				Date 2/20/18										
Signature of Authorized Representative <i>Joseph J. Spicola</i>				SIGN DOCUMENT HERE										