



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

FILED

FEB 26 2018

BY

43233

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 1688		2. Exact name of the Corporation Avery-Smith Insurance, Inc.			
3. Principal Office Address 237 New Meadow Road			City Barrington	State RI	Zip 02806
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Acting as agent/broker for insurance agencies			
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 Nancy S. Labelle			Vice-President Name David W. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name David W. Labelle			Treasurer Name Nancy S. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David W. Labelle			Director Name Nancy S. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE 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 Nancy S. Labelle				Date 2/14/18	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov