State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

- → Filing period. January 1 March 1
- → Filing Fee: \$50 00
- → Penalty Additional \$25 00 fee if form is not filed by April 1.

								• •	
Entity ID Number	2. Exact name of the Corporation								
000157229	BASS UNDERWRITERS, INC.								
3. Principal Office Address				City				Zip	
6951 W. SUNRISE	BOULEVARD			PLANT	ATION		FL	33313	
4 NAICS Code	·		f the character of busin	ness conducted in Rhode Island					
524210									
State of Incorporation									
FL	INSURANCE BROKER								
7. List ALL officers (names and addresses) Check the box to indicate an attachmen								ate an attachment	
President Name				Vice-President Name					
ED JACKSON				JOSEPH W. ANDERTON					
Street Address				Street Address					
19151 SW 54TH PLACE				1 CHIPPEWA LANE					
City	State	Zip		City State		State		Zip	
FORT LAUDERDALE		1 '	3332	1 *	LAUDERDALE	FL		33308	
Secretary Name	1.1.		3332	Treasurer N		<u> </u>	1 33300		
Secretary Warne		WILLIAM TURGEON, JR							
Street Address				Street Address					
Officer Address		1168 MARBLE WAY							
City	State	Zip	I	City		State		Zip	
					RATON	FL		33432	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment					
Director Name Director Name									
Street Address				Street Address					
City	State Z		ı	City		State		Zıp	
Director Name				Director Name					
Street Address				Street Address					
City State Z _I p				City State				7.0	
City	State	211	J	City		State		Zıp	
9. Shares Authorized	<u> </u>	Ц	10. Shares Issued	l	Che	ck the ho	v to indic	ate an attachment	
				Check the box to indicate an attachment CHARES CLASS/SERIES PAR VALUF					
This information is currently of record in the Department of State.			NUMBER OF SHARES CLAS			ERIES		PAR VALUE	
1 ·			100	CMI					
Changes require an additional filing. 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 fierals are true and correct.									
								hhnix	
51/18018								3110018	
Signature of Authorized Representative									
JOSEPH ANDERTON									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

