



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR 29 AM 11:05

1. Entity ID Number 69007		2. Exact name of the Corporation DiSanto Insurance, Inc.			
3. Principal Office Address 117 Metro Center Blvd., Suite 1004		City Warwick		State RI	Zip 02886
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island General Insurance				
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 Thomas J. DiSanto			Vice-President Name		
Street Address 117 Metro Center Blvd., Suite 1004			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Melissa E. Brooks			Treasurer Name Thomas J. DiSanto		
Street Address 117 Metro Center Blvd., Suite 1004			Street Address 117 Metro Center Blvd., Suite 1004		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 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	CLASS/SERIES	PAR VALUE	
		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. <i>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.</i>					
Name of Authorized Representative Thomas J. DiSanto				Date 3/28/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE MAR 29 2018	

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

BY
A.A.