



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

FILED

Annual Report for the year: 2018
 Corporation

APR 02 2018

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 284 [Signature]

1. Entity ID Number <u>120246</u>		2. Exact name of the Corporation <u>Waltham Insurance Center, Inc</u>			
3. Principal Office Address <u>230 Second Ave</u>		City <u>Waltham</u>	State <u>Mass</u>	Zip <u>02451</u>	
4. NAICS Code <u>S24113</u>		6. Brief description of the character of business conducted in Rhode Island <u>Insurance Property, Casualty</u>			
5. State of Incorporation <u>Mass</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>William T. Ryanne</u>			Vice-President Name		
Street Address <u>25 Washington Drive</u>			Street Address		
City <u>Sudbury</u>	State <u>Mass</u>	Zip <u>01776</u>	City	State	Zip
Secretary Name <u>William T. Ryanne</u>			Treasurer Name <u>William T. Ryanne</u>		
Street Address <u>25 Washington Drive</u>			Street Address <u>25 Washington Drive</u>		
City <u>Sudbury</u>	State <u>Mass</u>	Zip <u>01776</u>	City <u>Sudbury</u>	State <u>Mass</u>	Zip <u>01776</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>William T. Ryanne</u>			Director Name <u>Roland J. Capone</u>		
Street Address <u>25 Washington</u>			Street Address <u>143 Peckham Road</u>		
City <u>Sudbury</u>	State <u>Mass</u>	Zip <u>01776</u>	City <u>Sudbury</u>	State <u>Mass</u>	Zip <u>01776</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<u>1,000 NPV</u>			
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 <u>Colleen Fernandez</u>				Date <u>3/1/18</u>	
Signature of Authorized Representative <u>Colleen Fernandez</u>				SIGN DOCUMENT HERE	

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