



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2015

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FEB 12

1. Entity ID Number <b>000119127</b>		2. Exact name of the Corporation <b>Peter C. Foy &amp; Associates Insurance Services, Inc.</b>	
3. Principal Office Address <b>6200 Canoga Avenue, Suite 325</b>		City <b>Woodland Hills</b>	State <b>CA</b>
		Zip <b>91367</b>	
4. Business Phone Number <b>818-703-8057</b>		5. State of Incorporation <b>California</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Insurance brokerage company</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Peter C. Foy</b>		Vice-President Name	
Street Address <b>6200 Canoga Avenue, Suite 325</b>		Street Address	
City <b>Woodland Hills</b>	State <b>CA</b>	Zip <b>91367</b>	
Secretary Name <b>Peter C. Foy</b>		Treasurer Name <b>Peter C. Foy</b>	
Street Address <b>6200 Canoga Avenue, Suite 325</b>		Street Address <b>6200 Canoga Avenue, Suite 325</b>	
City <b>Woodland Hills</b>	State <b>CA</b>	Zip <b>91367</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Peter C. Foy</b>		Director Name	
Street Address <b>6200 Canoga Avenue, Suite 325</b>		Street Address	
City <b>Woodland Hills</b>	State <b>CA</b>	Zip <b>91367</b>	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1,000	
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. <b>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.</b>			
Name of Authorized Representative <b>John Masse, COO</b>		Date <b>7-8-18</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 11 2018  
BY 332472

FORM 630 - Revised: 05/2016

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