



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2011

Corporation

→ Filing period: January 1 - March 1

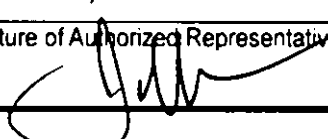
→ Filing Fee: \$50.00

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

STAMP

FEB 12

RECEIVED
CORPORATION

1. Entity ID Number 000119127		2. Exact name of the Corporation Peter C. Foy & Associates Insurance Services, Inc.		524210	
3. Principal Office Address 6200 Canoga Avenue, Suite 325		City Woodland Hills	State CA	Zip 91367	
4. Business Phone Number 818-703-8057		5. State of Incorporation California			
6. Brief description of the character of business conducted in Rhode Island Insurance brokerage company					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter C. Foy		Vice-President Name			
Street Address 6200 Canoga Avenue, Suite 325		Street Address			
City Woodland Hills	State CA	Zip 91367	City	State	Zip
Secretary Name Peter C. Foy		Treasurer Name Peter C. Foy			
Street Address 6200 Canoga Avenue, Suite 325		Street Address 6200 Canoga Avenue, Suite 325			
City Woodland Hills	State CA	Zip 91367	City Woodland Hills	State CA	Zip 91367
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter C. Foy		Director Name			
Street Address 6200 Canoga Avenue, Suite 325		Street Address			
City Woodland Hills	State CA	Zip 91367	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		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. 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 John Masse, COO				Date 2-8-18	
Signature of Authorized Representative 				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

FILED

JUN 11 2018
BY **332472**
FORM 630 - Revised: 05/2016

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