



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

Annual Report for the year: 2009

**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**  
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 SECRETARY OF  
 STATE  
 CORPORATION  
 FEB 12 11

*Naics 524210*

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>	City	State	Zip
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>	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>	City	State	Zip
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
		<b>1,000</b>			<b>PH 12:4</b>
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>2.8.18</b>
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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**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  
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