



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

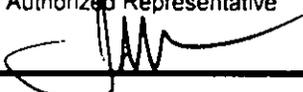
Annual Report for the year: 2009

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
 RECEIVED
 SECRETARY OF
 STATE
 FEB 12 2010

Naics 524210

1. Entity ID Number 000119127		2. Exact name of the Corporation Peter C. Foy & Associates Insurance Services, Inc.			
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			PH 12:4
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

2018
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 STATE
 FEB 12 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

FILED

JUN 11 2018
 BY *[Signature]* 332472
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