



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation _____

2019 JAN 23 PM 1:55

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

1. Entity ID Number 000008876		2. Exact name of the Corporation Duxbury & Ray Insurance Agency, Inc.			
3. Principal Office Address 292 Waterman Avenue		City Smithfield		State R.I.	Zip 02917
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Marketing Insurance contracts. Acting as Insurance Broker and Agent and all other lawful purposes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J Theodore Ray			Vice-President Name J Theodore Ray		
Street Address 292 Waterman Avenue			Street Address 292 Waterman Avenue		
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 02917
Secretary Name J. Theodore Ray			Treasurer Name J Theodore Ray		
Street Address 292 Waterman Avenue			Street Address 292 Waterman Avenue		
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		CLASS/SERIES
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	no par value
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 J Theodore Ray					Date 1-23-2019
Signature of Authorized Representative 					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

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