



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

Annual Report for the year: **2019**
 Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 JAN 24 PM 1:05

1. Entity ID Number 758314		2. Exact name of the Corporation S. Fargiorgio Agency, Inc.			
3. Principal Office Address 872 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 624210		6. Brief description of the character of business conducted in Rhode Island Sell, Solicit, Negotiate and Produce Insurance Lines and Products.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Simone P. Fargiorgio			Vice-President Name Simone P. Fargiorgio		
Street Address 872 Park Avenue			Street Address 872 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Simone P. Fargiorgio			Treasurer Name Simone P. Fargiorgio		
Street Address 872 Park Avenue			Street Address 872 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Simone P. Fargiorgio			Director Name		
Street Address 872 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			500	Common Stock	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. <i>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.</i>					
Name of Authorized Representative					Date 1-16-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE: FILED JAN 24 2019 BY OPD 49753

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

1:05

BY **OPD 49753**