



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corp
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 001671084

2. Name of Corporation Pacific Surety Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 851 NAPA VALLEY WAY
STE. N

City or Town: NAPA

State: CA

Zip: 94558

Country: USA

5. State of Incorporation

State: CA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524120

6. Brief Description of the Character of Business Conducted in Rhode Island

THE SALE OF INSURANCE AS AN INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JANICE E. ZWINGGI	851 NAPA VALLEY WAY, SUITE N NAPA, CA 94558 USA
TREASURER	JANICE E. ZWINGGI	851 NAPA VALLEY WAY, SUITE N NAPA, CA 94558 USA
SECRETARY	JACKIE N. HARRIS	851 NAPA VALLEY WAY, SUITE N NAPA, CA 94558 USA
DIRECTOR	KARIN L. ZIMMERLY	851 NAPA VALLEY WAY, SUITE N

		NAPA , CA 94558 USA
DIRECTOR	JACKIE N. HARRIS	851 NAPA VALLEY WAY, SUITE N NAPA , CA 94558 USA
DIRECTOR	JANICE E. ZWINGGI	851 NAPA VALLEY WAY, SUITE N NAPA , CA 94558 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	0

9. 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.

Signed this 31 Day of January, 2019 at 5:38:51 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CAMERON GOURLAY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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