



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION

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

2019 FEB -5 PM 4:23

- 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 1679854		2. Exact name of the Corporation Stu Forer Insurance, Inc.			
3. Principal Office Address 160 Medford Street			City Warwick	State RI	Zip 02889
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance			
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 Stuart J. Forer			Vice-President Name Anne-Marie Forer		
Street Address 160 Medford Street			Street Address 160 Medford Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Anne-Marie Forer			Treasurer Name Stuart J. Forer		
Street Address 160 Medford Street			Street Address 160 Medford Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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		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			
		100	Common	\$.01	
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 Stuart J. Forer, President				Date 01/28/2019	
Signature of Authorized Representative <i>Stuart J. Forer, President</i>			SIGN DOCUMENT HERE 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

FEB 05 2019 4:23
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