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.

1. Entity ID Number	2. Exact name of the Corporation
83220	West Warwick Insurance Company, Inc.

3. Principal Office Address	City	State	Zip
99 James P. Murphy Highway	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524113	A licensed insurance producer.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David Arpin			Vice-President Name: Warren Ross		
Street Address: 99 James P. Murphy Highway			Street Address: 99 James P. Murphy Highway		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Secretary Name: David Arpin			Treasurer Name: Michael Killoran		
Street Address: 99 James P. Murphy Highway			Street Address: 99 James P. Murphy Highway		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David Arpin			Director Name: Edward J. Braks		
Street Address: 99 James P. Murphy Highway			Street Address: 99 James P. Murphy Highway		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Director Name: Marco P. Uriati			Director Name:		
Street Address: 99 James P. Murphy Highway			Street Address:		
City: West Warwick	State: RI	Zip: 02893	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$1.00

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	Date
David Arpin	2/1/19
Signature of Authorized Representative: David Arpin	

FILED

FEB 11 2019

BY 662083

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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FORM 630 - Revised: 10/2017