



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000070511

2. Name of Corporation CorePointe Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 903 NW 65TH STREET, SUITE 300

City or Town: BOCA RATON

State: FL Zip: 33487 Country: USA

4. Business Phone No.

2166435964

5. State of Incorporation

State: MI

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.

524210

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

TO ACT AS A CAPTIVE INSURANCE AGENCY SUPPORTING AND COMPLEMENTING
THE INSURANCE BUSINESS OF ITS 100% OWNER, COREPOINTE INSURANCE
COMPANY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	HARRY SCHLACHTER	59 MAIDEN LANE, 43RD FL

		NEW YORK, NY 10038 USA
SECRETARY	BARRY MOSES	800 SUPERIOR AVE, 21ST FL CLEVELAND, OH 44114 USA
VICE PRESIDENT	BARRY MOSES	800 SUPERIOR AVE E, 21ST FL CLEVELAND , OH 44114 USA
PRESIDENT/ DIRECTOR	CHRISTOPHER FOY	400 EXECUTIVE BLVD 4TH FLOOR SOUTHINGTON, CT 06489 USA
DIRECTOR	HARRY SCHLACHTER	59 MAIDEN LANE, 43RD FL NEW YORK, NY 10038 USA
DIRECTOR	BARRY MOSES	800 SUPERIOR AVENUE, 21ST FL CLEVELAND, OH 44114 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>
CNP		\$0.0000	100.00	100

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 13 Day of February, 2019 at 3:19:07 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 BARRY MOSES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations
All Rights Reserved