



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

Annual Report for the year: 2019
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 25 PM 2:39

- 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 001666066		2. Exact name of the Corporation CompNet Insurance Solutions, Inc.			
3. Principal Office Address 91 Clemence Street			City Providence	State RI	Zip 02903
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Provision of Workers Compensation Insurance			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David G Bedard			Vice-President Name David G Bedard		
Street Address 91 Clemence Street			Street Address 91 Clemence Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name David G Bedard			Treasurer Name David G Bedard		
Street Address 91 Clemence Street			Street Address 91 Clemence St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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/SERIALS	
		5,000,000		CWP	
				PAR VALUE	
				\$0.0000	
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 David G Bedard				Date 02/18/2019	
Signature of Authorized Representative <i>David G Bedard</i>					

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

DOCUMENT FILED
 FEB 25 2019
 BY V. R. H.
 A.A.