



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 08 2019

BY

11802
OK**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 59937			2. Exact name of the Corporation Scituate Insurance Agency, Inc.		
3. Principal Office Address 528 Putnam Pike (P.O. Box 550)			City Greenville	State RI	Zip 02828
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Agency.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy R. Brush-Mendizabal			Vice-President Name David A. Brush		
Street Address 528 Putnam Pike (P.O. Box 550)			Street Address 528 Putnam Pike (P.O. Box 550)		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Nancy R. Brush-Mendizabal			Treasurer Name David A. Brush		
Street Address 528 Putnam Pike (P.O. Box 550)			Street Address 528 Putnam Pike (P.O. Box 550)		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nancy R. Brush-Mendizabal			Director Name David A. Brush		
Street Address 528 Putnam Pike (P.O. Box 550)			Street Address 528 Putnam Pike (P.O. Box 550)		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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	No Par Value
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 Nancy R. Brush-Mendizabal				Date 3/4/19	
Signature of Authorized Representative 					