



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.

**FILED**

MAR 25 2019

000381

1. Entity ID Number <b>001682163</b>		2. Exact name of the Corporation <b>JEFFERSON AND FLAMAND INSURANCE, INC.</b>	
3. Principal Office Address <b>288 ROBINSON STREET</b>		City <b>WAKEFIELD</b>	State <b>RI</b>
		Zip <b>02879</b>	
4. NAICS Code <b>524210</b>	6. Brief description of the character of business conducted in Rhode Island <b>INSURANCE AGENCY</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DAVID R. GATES</b>		Vice-President Name	
Street Address <b>288 ROBINSON STREET</b>		Street Address	
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	
Secretary Name <b>DAVID R. GATES</b>		Treasurer Name <b>DAVID R. GATES</b>	
Street Address <b>288 ROBINSON STREET</b>		Street Address <b>288 ROBINSON STREET</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address <b>N/A</b>		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1,000</b>	CLASS/RIES <b>Common</b>
		PAR VALUE <b>0.01</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>DAVID R. GATES</b>		Date <b>3/20/2019</b>	
Signature of Authorized Representative 			

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