



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 STAMP**

MAR 27 2019

BY

5552  

1. Entity ID Number <b>14059</b>		2. Exact name of the Corporation <b>STATEWIDE INSURANCE, INC.</b>			
3. Principal Office Address <b>14 Woodruff Avenue</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</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>RI</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>TERRANCE A. BIAFORE</b>			Vice-President Name <b>TERRANCE M. BIAFORE</b>		
Street Address <b>14 Woodruff Avenue</b>			Street Address <b>14 Woodruff Avenue</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>JOHN D. BIAFORE</b>			Treasurer Name <b>TERRANCE A. BIAFORE</b>		
Street Address <b>478A Broadway</b>			Street Address <b>14 Woodruff Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</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 <b>TERRANCE A. BIAFORE</b>			Director Name		
Street Address <b>14 Woodruff Avenue</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <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>TERRANCE A. BIAFORE, President</b>					Date <b>3-22-19</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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