RI SOS Filing Number: 201989394450 Date: 3/27/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee	e if form is not fi	led by April 1.		B'		
1. Entity ID Number 14059	2. Exact name of the Corporation STATEWIDE INSURANCE, INC.					
3. Principal Office Address			City		State	Zip
14 Woodruff Avenue			Narraganse	tt	RI	02882
4. NAICS Code	6. Brief descripti	on of the charact	ter of business c	onducted in Rhode Isl	and	
524210	insurance agency					
5. State of Incorporation	1	•				
RI						
7. List ALL officers (names and add	iresses)			Check ti	he box to in	ndicate an attachment
President Name TTERANCE A. BIAFORE			Vice-President Name TERRANCE M. BIAFORE			
Street Address 14 Woodruff Avenue			Street Address 14 Woodruff Avenue			
City Narragansett	State RI	Zip 02882	City Narraga		State RI	^{Zip} 02882
Secretary Name JOHN D. BIAFORE			Treasurer Name TERRANCE A. BIAFORE			
Street Address 478A Broadway			Street Address 14 Woodruff Avenue			
City Providence	State RI	^{Zip} 02909	City Narraga	nsett	State RI	^{Zip} 02882
8. List ALL directors (names and ac	Idresses)		In: AN		he box to ir	ndicate an attachment
TERRANCE A. BIAFORE			Director Name		**	rum ·
•				<u>-</u>		-
Street Address 14 Woodruff Avenu	e		Street Address	;		
Street Address 14 Woodruff Avenue City Narragansett		Zip 02882			State	Zip
Street Address 14 Woodruff Avenu City Narragansett Director Name	(C)	^{Zip} 02882	Street Address		State	Zip
Street Address 14 Woodruff Avenue City Narragansett	(C)	^{Zip} 02882	Street Address City		State	Zip
Street Address 14 Woodruff Avenu City Narragansett Director Name Street Address City	(C)	Zip 02882	Street Address City Director Name		State	Zip
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City Narragansett Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed of trustee, this report must be executed.	State RI State State State The core of	Zip 10. Shares Issumble of 100 Togration by an accorporation by the second control of	Street Address City Director Name Street Address City ued SHARES	Check to CLASS/SERIES common common common common common common common common componentative. If the corpor contactive is the corpor contactive common componentative.	State he box to in	Zip ndicate an attachment PAR VALUE no par value the hands of a receiver or
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MAIL TO:

Division of Business Services

148 W. River Street, Providence: Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 27 2019