RI SOS Filing Number: 201990633230 Date: 4/18/2019 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 period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED STAMP
APR 18 2019
BY 4747 OS

1. Entity ID Number	2. Exact name of the Corporation
67410	TOWNE CRIER AGENCY INC.

3. Principal Office Address	City	State	Zip
1025 TIOGUE AVENUE	COVENTRY	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390 53-REAL ESTATE RENTAL	MODULAR UNITS; RESIDENTAL AND COMMERCIAL
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ELAINE M. ECCLESTON	ELAINE M. ECCLESTON
Street Address: 8 Cedar Ridge Lane	Street Address: 8 Cedar Ridge Lane
City: West Greenwich; State: RI; Zip: 02817	City: West Greenwich; State: RI; Zip: 02817
Secretary Name	**Treasurer Name**
ELAINE M. ECCLESTON	ELAINE M. ECCLESTON
Street Address: 8 Cedar Ridge Lane	Street Address: 8 Cedar Ridge Lane
City: West Greenwich; State: RI; Zip: 02817	City: West Greenwich; State: RI; Zip: 02817

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ELAINE M. ECCLESTON	
Street Address: 8 Cedar Ridge Land	Street Address:
City: West Greenwich; State: RI; Zip: 02817	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 ☐

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	Date
ELAINE M. ECCLESTON	2/25/19

Signature of Authorized Representative: Elaine M. Eccleston 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

FORM 630 - Revised: 10/2017