



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

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1. Entity ID Number <b>67410</b>		2. Exact name of the Corporation <b>TOWNE CRIER AGENCY INC.</b>			
3. Principal Office Address <b>1025 TIOGUE AVENUE</b>		City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>53390</b> <b>53-REAL ESTATE RENTAL</b>		6. Brief description of the character of business conducted in Rhode Island <b>MODULAR UNITS; RESIDENTIAL AND COMMERCIAL</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>ELAINE M. ECCLESTON</b>			Vice-President Name <b>ELAINE M. ECCLESTON</b>		
Street Address <b>8 Cedar Ridge Lane</b>			Street Address <b>8 Cedar Ridge Lane</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>ELAINE M. ECCLESTON</b>			Treasurer Name <b>ELAINE M. ECCLESTON</b>		
Street Address <b>8 Cedar Ridge Lane</b>			Street Address <b>8 Cedar Ridge Lane</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</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>ELAINE M. ECCLESTON</b>			Director Name		
Street Address <b>8 Cedar Ridge Lane</b>			Street Address		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 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. <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>ELAINE M. ECCLESTON</b>				Date <b>2/25/19</b>	
Signature of Authorized Representative <i>Elaine M. Eccleston</i>				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](http://www.sos.ri.gov)

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