



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 AUG 30 A 10 25

1. Entity ID Number 001671084		2. Exact name of the Corporation Pacific Surety Insurance Agency, Inc.			
3. Principal Office Address 851 NAPA VALLEY WAY STE. N		City Napa		State CA	Zip 94558
4 NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY				
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Janice E. Zwinggi			Vice-President Name		
Street Address 851 Napa Valley Corporate Way			Street Address		
City Napa	State CA	Zip 94558	City	State	Zip
Secretary Name Jackie N. Harris			Treasurer Name Janice E. Zwinggi		
Street Address 851 Napa Valley Corporate Way			Street Address 851 Napa Valley Corporate Way		
City Napa	State CA	Zip 94558	City Napa	State CA	Zip 94558
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karin L. Zimmerly			Director Name Jackie N. Harris		
Street Address 851 Napa Valley Corporate Way			Street Address 851 Napa Valley Corporate Way		
City Napa	State CA	Zip 94558	City Napa	State CA	Zip 94558
Director Name Janice E. Zwinggi			Director Name		
Street Address 851 Napa Valley Corporate Way			Street Address		
City Napa	State CA	Zip 94558	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		common	1.00
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 Cameron Gourlay				Date 8/29/2019	
Signature of Authorized Representative STATE DOCUMENT F-RL					

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

FILED

AUG 30 2019
 BY **APNCNE3**

FORM 630 - Revised 10/2017