



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000137859

2. Name of Corporation WINSLOW, EVANS & CROCKER INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 175 FEDERAL STREET, 6TH FLOOR

City or Town: BOSTON

State: MA Zip: 02110 Country: USA

4. Business Phone No.

6178963586

5. State of Incorporation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

LIFE, HEALTH, VARIABLE, PROPERTY & CASUALTY INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
CEO	MICHAEL MULLEN	15 MITCHELL PLACE LITTLE SILVER, NJ 07739 USA
VICE PRESIDENT	LEONID BERLINE	175 FEDERAL ST.

		BOSTON, MA 02110 USA
VICE PRESIDENT	DENIS M. CULVERWELL	175 FEDERAL ST. BOSTON, MA 02110 USA
DIRECTOR	GLEN WORMAN	103 PRINCETON AVE. BRICK, NJ 08724 USA
DIRECTOR	JOHN DESENA	20 MANCHESTER DRIVE WESTFILED, NJ 07090 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200,000.00	0

9. 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.

Signed this 5 Day of October, 2020 at 11:31:48 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LEONID BERLINE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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