



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

MAY 02 2024

BY

1. Entity ID Number 103794		2. Exact name of the Corporation Woodbine Insurance Associates, Inc.	
3. Principal Office Address 272 West Exchange Street, Suite 001		City Providence	State RI
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island To engage in the general insurance brokerage business.	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Michael J. Woodbine		Vice-President Name Michael J. Woodbine	
Street Address 569 Warwick Avenue		Street Address 569 Warwick Avenue	
City Warwick	State RI	City Warwick	State RI
Secretary Name Michael J. Woodbine		Treasurer Name Michael J. Woodbine	
Street Address same as above		Street Address same as above	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES common
		PAR VALUE 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 Michael J. Woodbine, President			Date 4/24/24
Signature of Authorized Representative 			