



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 102782		2. Exact name of the Corporation PW ACQUISITION COMPANY					
3. Principal office address 475 KILVERT STREET, SUITE 330				City WARWICK		State RI	Zip 02886
4. Business Phone No. 401-453-7163			5. State of Incorporation RHODE ISLAND				
6. Brief description of the character of business conducted in Rhode Island INSURANCE HOLDING COMPANY							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name THOMAS NICHOLS			Vice-President Name D.E. WOELLNER				
Street Address SAME AS #3			Street Address SAME AS #3				
City		State	Zip	City		State	Zip
Secretary Name THOMAS BALKAN			Treasurer Name SHARON FLETCHER				
Street Address SAME AS #3			Street Address SAME AS #3				
City		State	Zip	City		State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name D.E. WOELLNER			Director Name THOMAS BALKAN				
Street Address SAME AS #3			Street Address SAME AS #3				
City		State	Zip	City		State	Zip
Director Name SHARON FLETCHER			Director Name THOMAS NICHOLS				
Street Address SAME AS #3			Street Address SAME AS #3				
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1,000,000	COMMON	\$.01 PAR	

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.

File Date _____

Check No _____

By: _____

FILED

FEB 17 2015

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.

D.E. Woellner 02/06/2015
 Signature of Authorized Representative Date

D.E. WOELLNER
 Print or Type Name of Authorized Representative

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BY **50013**