



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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

MAR 08 2018

BY 125

1. Entity ID Number 87372		2. Exact name of the Corporation CHRISTOPHER & REGAN INSURANCE, INC.			
3. Principal Office Address 1130 Ten Rod Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island The sale of insurance of all kinds.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Regan			Vice-President Name Kathleen M. Christopher		
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Kathleen M. Christopher			Treasurer Name Thomas J. Regan		
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas J. Regan			Director Name Kathleen M. Christopher		
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			1,000		Common
					No par
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. <i>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.</i>					
Name of Authorized Representative Thomas J. Regan					Date 2-22, 2018
Signature of Authorized Representative 					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