



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION

2019 APR 30 PH 3:09

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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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.					
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 Thomas J. Regan				Date 4/28 , 2019	
Signature of Authorized Representative 				FILED	

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