

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004222

**Entity Name:** DEVONSHIRE INSURANCE AGENCY INC.**Current Principal Place of Business:**100 SALEM STREET, 02N  
SMITHFIELD, RI 02917**Current Mailing Address:**100 SALEM STREET 02N  
SMITHFIELD, RI 02917 US**FEI Number:** 04-2710779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MEI, MILES  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

Title            DIRECTOR  
Name            ROGER, SERVISON  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

Title            SECRETARY  
Name            WARRICK, LANCE  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

Title            OFFICER  
Name            LAUREN, JEREMY J  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

Title            DIRECTOR, VP  
Name            BROWN, ROBERT H  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

Title            PRESIDENT, DIRECTOR  
Name            JOHNSON, WILLIAM JOSEPH JR  
Address        100 SALEM STREET, 02N  
City-State-Zip: SMITHFIELD RI 02917

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANCE WARRICK**SECRETARY****03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date