

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004222

Entity Name: DEVONSHIRE INSURANCE AGENCY INC.**Current Principal Place of Business:**900 SALEM STREET, OT1N3
SMITHFIELD, RI 02917**Current Mailing Address:**900 SALEM STREET, OT1N3
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 900 SALEM STREET, OT1N3
City-State-Zip: SMITHFIELD RI 02917

Title DIRECTOR
Name ROGER, SERVISON
Address 900 SALEM STREET, OT1N3
City-State-Zip: SMITHFIELD RI 02917

Title SECRETARY
Name WARRICK, LANCE
Address 900 SALEM STREET, OT1N3
City-State-Zip: SMITHFIELD RI 02917

Title OFFICER
Name LAUREN, JEREMY J
Address 900 SALEM STREET, OT1N3
City-State-Zip: SMITHFIELD RI 02917

Title DIRECTOR, VP
Name BROWN, ROBERT H
Address 900 SALEM STREET, OT1N3
City-State-Zip: SMITHFIELD RI 02917

Title PRESIDENT, DIRECTOR
Name JOHNSON, WILLIAM JOSEPH JR
Address 900 SALEM STREET, OT1N3
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@FMR.COM**SECRETARY****02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date