



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

FILED

FEB 11 2019

BY

3237
 [Signature]

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.

1. Entity ID Number 132512		2. Exact name of the Corporation McClure Insurance Agency, Inc.			
3. Principal Office Address 103 Van Deene Avenue		City West Springfield		State MA	Zip 01089
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island property & casualty insurance agency			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William H. McClure		Vice President Name Mark S. McClure			
Street Address 92 Morningside Drive		Street Address 11 Ely Way			
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA	Zip 01106
Secretary Name Mark S. McClure		Treasurer Name William H. McClure			
Street Address 11 Ely Way		Street Address 92 Morningside Drive			
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA	Zip 01106
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Mark S. McClure		Director Name William H. McClure			
Street Address 11 Ely Way		Street Address 92 Morningside Drive			
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA	Zip 01106
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/LEIS	
		20,000		COMM NPV	
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 Mark S. McClure				Date 2/8/19	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov