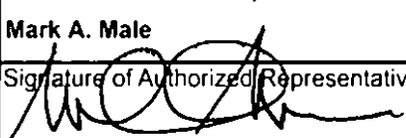




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 19425		2. Exact name of the Corporation RHODE ISLAND ASSOCIATION OF INSURANCE AGENTS, INC.			
3. Principal Office Address 2400 Post Road			City Warwick	State RI	Zip 02886
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Property and Casualty Sales			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Woodmansee			Vice-President Name John Kaull		
Street Address 1122 Main Street			Street Address 73 Valley Road		
City Wyoming	State RI	Zip 02898	City Middletown	State RI	Zip 02842
Secretary Name Mark A. Male			Treasurer Name Mark A. Male		
Street Address 2400 Post Road			Street Address 2400 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelle Calabrese			Director Name Anthony Bucci		
Street Address 22 Farmington Avenue			Street Address 1350 Division Road		
City Providence	State RI	Zip 02909	City West Warwick	State RI	Zip 02893
Director Name Francis X. Doyle			Director Name Thomas J. DiSanto		
Street Address 110 Royal Little Drive			Street Address 125 Metro Center Blvd. Suite 3001		
City Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02886
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		PAR VALUE	
		204		\$10	
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 Mark A. Male					Date 2-6-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED 

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FEB 13 2019
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