



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE
 CORPORATION DIVISION
 2019 JUN -5 PM 12:08

STATE

1. Entity ID Number 97609		2. Exact name of the Corporation M D HAGERTY INSURANCE INC.			
3. Principal Office Address 840 SMITHFIELD AVE #203			City LINCOLN	State RI	Zip 02865
4. NAICS Code 62-INSURANCE-524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE SALES AND SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL D HAGERTY			Vice-President Name SANDRA HAGERTY		
Street Address 840 SMITHFIELD AVE #203			Street Address 840 SMITHFIELD AVE #203		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MICHAEL D HAGERTY			Treasurer Name MICHAEL D HAGERTY		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL D HAGERTY			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASS/SERIES
			NONE		NONE
			PAR VALUE		NONE
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, accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Michael D. Hagerty				Date 3/1/19	
Signature of Authorized Representative <i>[Signature]</i>				Date 2019 MAR -8 PM 12:08	

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

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
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 BY: [Signature]
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