



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

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 BUS SVCS DIV
 2020 FEB 25 P 12:41

Annual Report for the year: 2020

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 000008876		2. Exact name of the Corporation Duxbury & Ray Insurance Agency, Inc.			
3. Principal Office Address 292 Waterman Avenue			City Smithfield	State RI	Zip 02917
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Marketing insurance contracts. Acting as Insurance Broker and Agent and any other lawful purpose			
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 J. Theodore Ray			Vice-President Name J. Theodore Ray		
Street Address 292 Waterman Ave.			Street Address 292 Waterman Ave.		
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 02917
Secretary Name J. Theodore Ray			Treasurer Name J. Theodore Ray		
Street Address 292 Waterman Ave.			Street Address 292 Waterman Ave.		
City Smithfield	State R.I.	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	no par value
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 J. Theodore Ray					Date Feb 19, 2020
Signature of Authorized Representative <i>J. Theodore Ray</i>					

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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BY *CA QC335*
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FORM 630 - Revised: 10/2017