



RI SOS Filing Number: 202046638320 Date: 7/28/2020 8:55:00 AM
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014
Corporation

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2020 JUL 28 AM 8:48

- 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 000139066		2. Exact name of the Corporation J. R. MAHAR INSURANCE INC			
3. Principal Office Address 585 WARREN Ave		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island TO provide insurance services TO INDIVIDUALS			
5. State of Incorporation R. I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John R MAHAR			Vice-President Name		
Street Address 585 Warren Ave			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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		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	PAR VALUE
		500		STK	0
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 John R Mahor					Date 6-25-20
Signature of Authorized Representative John R Mahor 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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FORM 630 - Revised: 10/2017