



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2009
Corporation

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

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BUS SVCS DIV

STAMP

FOR
SECRETARY OF STATE
USE ONLY

2020 JUL 28 AM 8:48

1. Entity ID Number <u>000139066</u>		2. Exact name of the Corporation <u>J. R. MAHAR INSURANCE INC</u>			
3. Principal Office Address <u>585 WARREN Ave</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	
4. NAICS Code <u>524210</u>		6. Brief description of the character of business conducted in Rhode Island <u>TO provide insurance services to individuals</u>			
5. State of Incorporation <u>R. I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>John R Mahan</u>		Vice-President Name			
Street Address <u>585 Warren Ave</u>		Street Address			
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	Zip <u>02914</u>	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	
		<u>500</u>	<u>STK</u>	<u>0</u>	
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 <u>John R Mahan</u>				Date <u>6.25.20</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE <u>[Signature]</u>	

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

YG-CHA
A.A. 8:50 A.M.