State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

FILED
STAMP
JAN 12 2021
BY:

1. Entity ID Number	2. Exact name of the Corporation			
97609	M D HAGERTY INSURANCE INC.			
3. Principal Office Address		City	State	Zip
840 SMITHFIELD AVE #203		LINCOLN	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210	INSURANCE SALES AND SERVICE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	NONE	NONE	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, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Michael D. Hagerty	1/7/21

Signature of Authorized Representative

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

FORM 630 - Revised: 08/2020