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State of Rhode Island
Department of State - Business Services Division

FILED
JAN 27 2021
BY 4293DS

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.

1. Entity ID Number	2. Exact name of the Corporation			
000036502	Hanuschak Insurance Agency, Inc.			
3. Principal Office Address		City	State	Zip
3288 Mendon Road		Cumberland	RI	02864
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210	Insurance Agency.			
5. State of Incorporation				
RI				

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

President Name: David G. Hanuschak			Vice-President Name: David G. Hanuschak		
Street Address: 306 Sneech Pond Road			Street Address: 306 Sneech Pond Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: David G. Hanuschak			Treasurer Name: David G. Hanuschak		
Street Address: 306 Sneech Pond Road			Street Address: 306 Sneech Pond Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
235	Common	No Par

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
David G. Hanuschak	1/27/21

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