



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

FILED

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.

FEB 04 2021
 BY

1. Entity ID Number 539539		2. Exact name of the Corporation Lefebvre Insurance Agency, Inc.			
3. Principal Office Address 839 North Main Street			City Providence	State RI	Zip 02904
4. NAICS Code 52410		6. Brief description of the character of business conducted in Rhode Island To carry on and conduct the business of insurance and related product sales			
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 Andrew T. Lefebvre			Vice-President Name		
Street Address 839 North Main Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Andrew T. Lefebvre			Treasurer Name Andrew T. Lefebvre		
Street Address 839 North Main Street			Street Address 839 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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
			1,000	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 Andrew T. Lefebvre					Date 1-26-2021
Signature of Authorized Representative 					