



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.

 RECEIVED
 DEPT. OF STATE
 BUSINESS SERVICES DIV.
 2021 FEB -4 AM 9 44
 TAMP

1. Entity ID Number 000019824		2. Exact name of the Corporation INSURANCE RECONSTRUCTION SERVICES, INC.			
3. Principal Office Address 41 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction, reconstruction, restoration, and cleaning services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Eric S. Anderson			Vice-President Name Erika Dean		
Street Address 66 Wauregan Road			Street Address 28 Worthington Road		
City Brooklyn	State CT	Zip 06234	City New London	State CT	Zip 06320
Secretary Name Laurie Oates			Treasurer Name Laura Anderson		
Street Address 120 Sandy Brook Road			Street Address 66 Wauregan Road		
City North Scituate	State RI	Zip 02857	City Brooklyn	State CT	Zip 06234
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Eric S. Anderson			Director Name		
Street Address 66 Wauregan Road			Street Address		
City Brooklyn	State CT	Zip 06234	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		135		Common	No Par Value
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 Eric S. Anderson, President					Date 1/22/21
Signature of Authorized Representative 					

FILED

FEB 04 2021

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