



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001714765

2. Name of Corporation Grass Lake Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 5151 CORPORATE DR

TROY

City or Town: TROY State: MI Zip: 48098 Country: USA

4. Business Phone No.

12483126029

5. State of Incorporation

State: MI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN OFFERING HOMEOWNERS POLOCIES TO MORTGAGE CUSTOMERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
PRESIDENT	MARK LANDSCHULZ	5151 CORPORATE DRIVE TROY, MI 48098 USA

TREASURER	BRYAN MARX	5151 CORPORATE DR TROY, MI 48098 USA
SECRETARY	PAUL D. BORJA	5151 CORPORATE DR TROY, MI 48098 USA
VICE PRESIDENT	JAMES L HARVIN	5151 CORPORATE DR TROY, MI 48098 USA
ASSISTANT SECRETARY	JAN M KLYM	5151 CORPORATE DR TROY, MI 48098 USA
DIRECTOR	LEE M SMITH	5151 CORPORATE DR TROY, MI 48098 USA
DIRECTOR	JAMES K CIROLI	5151 CORPORATE DR TROY, MI 48098 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	60,000.00	10000

9. 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.

Signed this 9 Day of February, 2021 at 2:12:59 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JAN M KLYM
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved