



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

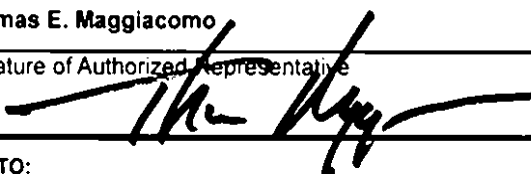
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 23 2021

BY

BY

| | | | | | |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 6406 | | 2. Exact name of the Corporation Maggiacomo Insurance Agency, Inc. | | | |
| 3. Principal Office Address 260 West Exchange Street, Suite 2 | | | City Providence | State RI | Zip 02903 |
| 4. NAICS Code 524210 | | 6. Brief description of the character of business conducted in Rhode Island General insurance agency. | | | |
| 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 Thomas E. Maggiacomo | | | Vice-President Name Elise Maggiacomo | | |
| Street Address 260 West Exchange Street, Suite 2 | | | Street Address 260 West Exchange Street, Suite 2 | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Secretary Name Thomas E. Maggiacomo | | | Treasurer Name Thomas E. Maggiacomo | | |
| Street Address 260 West Exchange Street, Suite 2 | | | Street Address 260 West Exchange Street, Suite 2 | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 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 | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | Voting | | No Par Value |
| | | | Non-Voting | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Thomas E. Maggiacomo | | | | | Date 1/29/21 |
| Signature of Authorized Representative  | | | | | SIGN DOCUMENT HERE |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov