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

FILED
FEB 22 2021
BY 228091

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
80398	PODMASKA INSURANCE AGENCY, INC.

3. Principal Office Address	City	State	Zip
1309 Chalkstone Avenue	North Providence	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	Insurance sales and service.
5. State of Incorporation: Rhode Island	

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

President Name: Stephen W. Podmaska			Vice-President Name:		
Street Address: 5 Deer Run Trail			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Secretary Name: Rhonda Podmaska			Treasurer Name: Stephen W. Podmaska		
Street Address: 5 Deer Run Trail			Street Address: 5 Deer Run Trail		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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
500	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	Date
Stephen W. Podmaska	2-5-2021

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

FORM 630 - Revised: 10/2017