State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 26 PM 12:14

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			
000121137	John A. Pierce Insurance Agency, Inc.			
3. Principal Office Address: 934 Main Street		City: Winchester	State: MA	Zip: 01890
4. NAICS Code: 524210	6. Brief description of the character of business conducted in Rhode Island: Sell and service property and casualty insurance policies to individuals and businesses.			
5. State of Incorporation: Massachusetts				

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

President Name: and CEO, Kevin L. Pierce			Vice-President Name: N/A		
Street Address: 220 Mitchell G. Drive			Street Address:		
City: Tewksbury	State: MA	Zip: 01876	City:	State:	Zip:
Secretary Name: and CFO, Carole A. Pierce Connolly			Treasurer Name: Carole A. Pierce Connolly		
Street Address: 7 Fox Hunt Lane			Street Address: 7 Fox Hunt Lane		
City: Winchester	State: MA	Zip: 01890	City: Winchester	State: MA	Zip: 01890

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

Director Name: Kevin L. Pierce			Director Name: Edward M. Pierce		
Street Address: 220 Mitchell G. Drive			Street Address: 5 Norma Road		
City: Tewksbury	State: MA	Zip: 01876	City: Bedford	State: MA	Zip: 01730
Director Name: Carole A Pierce Connolly			Director Name:		
Street Address: 7 Fox Hunt Lane			Street Address:		
City: Winchester	State: Mass	Zip: 01890	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
450	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	Date
Kevin L. Pierce	2/16/2021
Signature of Authorized Representative: Kevin L. Pierce (Pres)	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 26 2021 12:14
KL VQD80

FORM 630 - Revised: 08/2020