RI SOS Filing Number: 202193450370 Date: 3/1/2021 4:00:00 PM

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(VV)	

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 STAMP

BY AC 4727

1. Entity ID Number 312157	2. Exact name of the Corporation THE LAWRENCE AGENCY, INC.						
Principal Office Address	Time Ext	TRENOE AGE	•	· ·	State		
872 SMITHFIELD AVENUE			City LINCOLN		RI	Zıp 02865	
4. NAICS Code	Brief desc	ription of the charac	cter of business co	onducted in Rhode I	sland		
524210	INSURANC	INSURANCE AGENCY					
5. State of Incorporation							
RI							
7. List ALL officers (names an	d addresses)			Check	the box to	indicate an attachment	
President Name PETER A. LAWRENCE			Vice-President Name PETER A. LAWRENCE				
Street Address 12 HIGHVIEW DRIVE			Street Address SAME				
Cily SMITHFIELD	State Rt	Zip 02917	City		State	Zıp	
Secretary Name PETER A. LAWRENCE			Treasurer Name PETER A. LAWRENCE				
Street Address SAME			Street Address SAME				
City	State	Zip	City		State	Zıp	
8. List ALL directors (names a	ind addresses)	ı	<u> </u>	Check	the box to	indicate an attachment	
Director Name	•		Director Name				
			Street Address	Chrost Address			
Street Address			Sileer Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
	0: 14						
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized	•	10. Shares Is				indicate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SFRIES			
		1000		COMMON		0.01	
Changes require an additional	filing.			•			
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	entative. If the como	oration is in	the hands of a receiver or	
trustee, this report must be ex							
Under penalty of perjury, I o statements, and that all stat				ncluding any accor	npanying s	schedules and	
Name of Authorized Represer					Date	11	
PETER A. LAWRENCE, PRI	ESIDENT				م لــــــــــــــــــــــــــــــــــــ	alala 1	
Signature of Authorized Repr	esentative GUTION	SK-N DC	OUMENT LERI			//	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov