RI SOS Filing State of Rhode Island	Number: 202	2193562730	Date: 3/3	/2021 4:00:00 P	M 	<u></u>
Department of Sta	ite - Busines	s Services D	ivision			
Annual Report for the ye						
Corporation	_			MAR 0 3 2021		
→ Filing period: January 1 - March 1						122/0
→ Filing Fee: \$50.00					Ε	
→ Penalty: Additional \$25.00 fo	ee if form is not fi	led by April 1.				()
1. Entity ID Number	2. Exact name of the Corporation					
000122937	Mack Insurance Associates, Inc.					
Principal Office Address			City		State	Zip
1401 Newport Avenue			Pawtucket		RI	02861
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
524210	To deal in insurance, risk management, self-insurance					
5. State of Incorporation						
Rhode Island						
7. List ALL officers (names and add	resses)				the box to i	ndicate an attachment 🗹
President Name Gerard A. Mack	Vice-President Name None					
Street Address 1401 Newport Avenue			Street Address			
City Pawtucket	State R1	Zip 02861	City	<u>.</u>	State	Zip
Secretary Name Gerard A. Mack			Treasurer Name Gerard A. Mack			
Street Address 1401 Newport Avenue			Street Address 1401 Newport Avenue			
Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtuck	et	State RI	Zip 02861
8. List ALL directors (names and ac	ddresses)		<del></del>		the box to i	ndicate an attachment
Director Name Gerard A. Mack			Director Name			
Street Address 1401 Newport Avenue			Street Address			
City Pawtucket	State R1	Zip 02861	City	·	State	Zip
Director Name			Director Name			
Street Address			Street Address			
City State Zi		17:	7-		T	
Oity	State	Zip	City		State	Zip
Shares Authorized		10. Shares Issued		Check	Check the box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFRIES	CLASS/SFRIES PAR VALU	
		100		Common	<u> </u>	S.01 Par
11. This report must be avacuted a	n hehalf of the se-	poration his == =	المحادة	antation 15 th		
<ol> <li>This report must be executed o rustee, this report must be execute</li> </ol>	ed on behalf of the	poration by an au comoration by th	itnorizea repres ne receiver or tr	sentative. It the corpo	ration is in	the hands of a receiver or
Under penalty of perjury, I declar	re and affirm that	I have examined	d this report, is	ncluding any accom	panying s	chedules and
statements, and that all statements contained herein are true and con Name of Authorized Representative					IDet-	· -,
Gerard A. Mack					Date /	/28/2021
Signature of Authorized Represent	etive / /	D Uhard			l	<u> </u>
$\mathcal{A}$	11 Mar.	/ Illiant				

MAIL TO:

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

## MACK INSURANCE ASSOCIATES, INC.

Corporate ID: 000122937 2021 Annual Report Secretary of State

Continuation Sheet

## **OFFICERS:**

Assistant Secretary: Steven M. McInnis Admiral's Gate Tower 221 Third St., Suite 510 Newport, RI 02840 . ....tan

MAR 0 3 2021

BY.

Mack Insurance AR Addendum