RI SOS Filing Number: 202194830810 Date: 3/22/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

STAMP

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.

MAR 22 2021
BY 3440 Pd 3/17/21 Ck #3440 DS

1. Entity ID Number	2. Exact name of the Corporation		
18778	Iannitelli Agency, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
535 Putnam Pike	Greenville,	RI	02828
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
524210	Insurance & related services		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
Richard B. Iannitelli	Jill Paterson
Street Address: 99 Dean Avenue	Street Address: 99 Dean Avenue
City: Smithfield, State: RI, Zip: 02917	City: Smithfield, State: RI, Zip: 02917
Secretary Name	**Treasurer Name**
Richard B. Iannitelli	Richard B. Iannitelli
Street Address: 99 Dean Avenue	Street Address: 99 Dean Avenue
City: Smithfield, State: RI, Zip: 02917	City: Smithfield, State: RI, Zip: 02917

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

Director Name	Director Name
N/A	
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
100	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
Richard B. Iannitelli	3/17/21

Signature of Authorized Representative: Richard B Iannitelli

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