State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
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BUS SVCS DIV
2021 MAR 31 P 3:59

1. Entity ID Number	2. Exact name of the Corporation
119788	MID-STATE INSURANCE AGENCY INC

3. Principal Office Address	City	State	Zip
93 STAFFORD STREET	WORCESTER	MASS	01603

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524113	SELL INSURANCE
5. State of Incorporation	
MASS	

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

President Name	Vice-President Name
RICHARD G SPIRO	JASON S. ANGUS
Street Address: 6802 PARAGON PLACE STE 200	Street Address: 6802 PARAGON PLACE STE 200
City: RICHMOND State: VA Zip: 23230	City: RICHMOND State: VA Zip: 23230
Secretary Name: ROLAND J. ELLIOTT JR	Treasurer Name: ROBERT W. BLANTON JR
Street Address: 6802 PARAGON PLACE STE 200	Street Address: 6802 PARAGON PLACE STE 200
City: RICHMOND State: VA Zip: 23230	City: RICHMOND State: VA Zip: 23230

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

Director Name	Director Name
RICHARD G. SPIRO	ROLAND J. ELLIOTT JR
Street Address: 6802 PARAGON PLACE STE 200	Street Address: 6802 PARAGON PLACE STE 200
City: RICHMOND State: VA Zip: 23230	City: RICHMOND State: VA Zip: 23230
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
200 COMM		00.01

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
COLLEEN FERNANDES	3-1-2021

Signature of Authorized Representative

FILED
MAR 31 2021

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

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FORM 630 - Revised: 08/2020