



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

FILED

JUN 11 2021

BY 025918 DS

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 4849		2. Exact name of the Corporation The Cormack-Routhier Agency, Inc.			
3. Principal Office Address 1 Harry Street		City Cranston		State RI	Zip 02907
4. NAICS Code 522220		6. Brief description of the character of business conducted in Rhode Island Insurance Agency			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael E. Bromage			Vice-President Name James J. Bromage		
Street Address 1 Harry Street			Street Address 1 Harry Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name James J. Bromage			Treasurer Name Michael E. Bromage		
Street Address 1 Harry Street			Street Address 1 Harry Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James J. Bromage			Director Name Michael E. Bromage		
Street Address 1 Harry Street			Street Address 1 Harry Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200		None
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 MICHAEL E. BROMAGE				Date 6/2/21	
Signature of Authorized Representative <i>Michael E Bromage</i>					