



State of Rhode Island
Department of State - Business Services Division

STAMP

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Annual Report for the year: 2020
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000115629		2. Exact name of the Corporation USA Insurance Mall, Inc.			
3. Principal Office Address 538 East Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island To perform consulting, marketing and related services with respect to developing and hosting web-enabled insurance sites			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Reilly			Vice-President Name Christopher Reilly		
Street Address 538 East Avenue			Street Address 538 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Christopher Reilly			Treasurer Name Christopher Reilly		
Street Address 538 East Avenue			Street Address 538 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Reilly			Director Name		
Street Address 538 East Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
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		CLASS/SERIES	PAR VALUE
		8000		CWP	\$0.0100
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 Christopher Reilly, President					Date 6.1.22
Signature of Authorized Representative <i>Chris Reilly</i>					

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 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

FILED

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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BY *203CM*