	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S Providence RI 029	Street	
HOPE	(401) 222-30		
Business Corporation Annual Report Filing Period: February 1 - May			
	1.2-1501(e), each corporation fail days after the time prescribed by ee of \$25.00.		
ANNUAL REPORT YEAR: 2	022		
1. Corporate ID No. <u>00</u>	0019857		
2. Name of Corporation <u>C</u>	LIVER INSURANCE AGEN	CY, INC.	
3. Street Address Principal	Business Office:		
No. and Street: <u>645 ME</u> City or Town: <u>BRIST</u>	<u>ETACOM AVENUE</u> <u>DL</u> St	ate: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>401-253-4900</u>			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
	de that best describes the primary nformation on <u>NAICS</u> can be found		ne entity. Download
<u>524200</u>			
6. Brief Description of the 0	Character of Business Conduct	ed in Rhode Island	
INSURANCE AGENCY			
7. Names and Addresses of	the Officers and Directors:		
	s must be listed. If officers and r applicable; please delete.	or directors have been	elected, the title
Title	Individual Name	Addrees City or Town St	
PRESIDENT	First, Middle, Last, Suffix ALBERT ALAN OLIVER	Address, City or Town, Sta 1145 HOF BRISTOL, RI 0	PE STREET
<u> </u>			2003 000

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	600.00	600
Signed this 11 Day of July		0	•	
Signed this 11 Day of July individuals signing this ins signatory, under penalties act and deed of the corpor electronic filing, in complia By <u>ALBERT ALAN OLIV</u> Signature of Authorized	strument constitutes th of perjury, that this in ation, and that the fac ance with R.I. Gen. La <u>VER</u>	e affirmation or ackn strument is that indiv ts stated herein are th ws § 7-1.2.	owledgement of a dual's act and d	the eed or the