



RI SOS Filing Number: 202326762460 Date: 1/20/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
RI DEPT. OF STATE
BUS SERVICES

1. Entity ID Number 001099906		2. Exact name of the Corporation First Casualty Insurance Agency, Inc		2023 JAN 20 P 3:53	
3. Principal Office Address 190 Turner St STE A		City Southern Pines	State NC	Zip 28387	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance Agency and Broker				
5. State of Incorporation NC					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name William Gilmore			Vice-President Name Jill Tisdale		
Street Address 49 Teaberry Drive			Street Address 5047 Seven Lakes West		
City Chepachet	State RI	Zip 02814	City West End	State NC	Zip 27376
Secretary Name			Treasurer Name Amy McBryde		
Street Address			Street Address 219 Lakeview Dr		
City	State	Zip	City Whispering Pines	State NC	Zip 28387
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name NONE			Director Name		
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 Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100,000	Common	0.0100	
		10,000	Preferred	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 William Gilmore				Date 1/19/23	
Signature of Authorized Representative				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

FILED
JAN 20 2023
BY [Signature] 7WR5R
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