



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.

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1. Entity ID Number 001099906		2. Exact name of the Corporation First Casualty Insurance Agency, Inc			
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 <small>Vice President</small> Amy McBryde		
Street Address			Street Address 219 Lakeview Dr		
City	State	Zip	City Whispering Pines	State NC	Zip 28327
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			10. Shares Issued Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100,000		Common
			10,000		Preferred
			PAR VALUE		
			0.0100		
			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

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