



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 47551		2. Exact name of the Corporation Bud Balfour Insurance, Inc.			
3. Principal Office Address 712 Putnam Pike			City Chepachet	State RI	Zip 02814
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Deal, sell, procure all types of insurance coverage; general insurance agency			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles S. Balfour, Jr.			Vice-President Name		
Street Address 81 Rustic Hill Road			Street Address		
City Glocester	State RI	Zip 02829	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 2,000	CLASS/SERIES CNP	PAR VALUE No Par Value
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. <i>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.</i>					
Name of Authorized Representative Charles S. Balfour, Jr.					Date X JANUARY 25, 2023
Signature of Authorized Representative X Charles S. Balfour Jr.					

MAIL TO:

Division of Business Services

146 W. River Street, Providence, Rhode Island 02904-2615

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