| | State of Rhode | Island | Fee: \$50.00 | | | | |
|--|--|----------------------------|-----------------------------------|--|--|--|--|
| | | | | | | | |
| Division Of Business Services 148 W. River Street | | | | | | | |
| | Providence RI 02904-2615 | | | | | | |
| 1636 | (401) 222-304 | 40 | | | | | |
| Foreign Business Corporati Annual Report | on | | | | | | |
| Filing Period: February 1 - May 1 | | | | | | | |
| In accordance with R.I.G.L. 7-1.2 file its annual report within thirty (R.I.G.L. 7-1.2-1501(c&d)) is sub | (30) days after the time pre | escribed by law | | | | | |
| ANNUAL REPORT YEAR: 2023 | | | | | | | |
| 1. Corporate ID No. 000132 | <u>398</u> | | | | | | |
| 2. Name of Corporation H & K Insurance Agency Inc. | | | | | | | |
| 3. Street Address Principal Bu | siness Office: | | | | | | |
| No. and Street: <u>182 MAIN</u> | <u>N STREET</u> | | | | | | |
| City or Town: <u>WATERT</u> | OWN State: M | <u>A</u> Zip: <u>02472</u> | Country: <u>USA</u> | | | | |
| 4. Business Phone No. | | | | | | | |
| <u>6179245600</u> | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>MA</u> | | | | | | | |
| | ARTICLE III | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | | |
| <u>524210</u> | | | | | | | |
| 6. Brief Description of the Cha | acter of Business Conduc | ted in Rhode Island | | | | | |
| SALES OF INSURANCE | | | | | | | |
| 7. Names and Addresses of the | e Officers and Directors: | | | | | | |
| All officers and directors must be listed. | | | | | | | |
| Title | Individual Name First, Middle, Last, Suffix | | Iress State, Zip Code, Country | | | | |

| PRESIDENT | BRIAN MICHAEL KILCOYNE | 35 HICKORY RD SUDBURY, MA 01776 USA |
|-----------|------------------------|--|
| TREASURER | PAUL EDWARD PERRY JR | 40 BEAVER BROOK RD WALTHAM, MA 02452 USA |
| SECRETARY | DARALYN PERRY | 188 CHESTNUT STREET, #1 WALTHAM, MA 02453 USA |
| DIRECTOR | JOHN R HERLIHY | 16 SYCAMORE LANE SOUTH DENNIS, MA 02472 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|------------------|---------------------|
| | | Share | Total Authorized | , v |
| | | | Shares | Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 7,500.00 | 0 |

9. 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.

Signed this 2 Day of February, 2023 at 11:07:34 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PAUL PERRY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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