



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 06 2023

BY

7146
PS

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 132512		2. Exact name of the Corporation McClure Insurance Agency, Inc.			
3. Principal Office Address 103 Van Deene Avenue			City West Springfield	State MA	Zip 01089
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Property & Casualty Insurance Agency			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark S. McClure			Vice-President Name William H. McClure, II		
Street Address 11 Ely Way			Street Address 1 Dartmoor		
City Longmeadow	State MA	Zip 01106	City Enfield	State CT	Zip 06082
Secretary Name William H. McClure, II			Treasurer Name William H. McClure, II		
Street Address 1 Dartmoor			Street Address 1 Dartmoor		
City Enfield	State CT	Zip 06082	City Enfield	State CT	Zip 06082
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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
20,000			COMM		
			NPV		
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 Mark S. McClure					Date 1/31/23
Signature of Authorized Representative 					