



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.

FILE

FEB 09 2023

BY 18852KS

1. Entity ID Number 10456		2. Exact name of the Corporation ERNEST C. SHAGHALIAN, INC.			
3. Principal Office Address 67 Basil Crossing			City Cranston	State RI	Zip 02921
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Retail Insurance Agency			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest C. Shaghalian, Jr.			Vice-President Name None		
Street Address 67 Basil Crossing			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Ernest C. Shaghalian, Jr.			Treasurer Name Ernest C. Shaghalian, Jr.		
Street Address 67 Basil Crossing			Street Address 67 Basil Crossing		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ernest C. Shaghalian, Jr.			Director Name		
Street Address 67 Basil Crossing			Street Address		
City Cranston	State RI	Zip 02921	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
			4	Common	No Par
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 Ernest C. Shaghalian, Jr.				Date 2-2-23	
Signature of Authorized Representative <i>Ernest C. Shaghalian Jr.</i>					