



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

FEB 10 P 2:43

1. Entity ID Number 1726595		2. Exact name of the Corporation Gilson Insurance Agency, Inc.			
3. Principal Office Address 1725 Mendon Road, Suite 206		City Cumberland		State RI	Zip 02864
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew R. Gilson			Vice-President Name		
Street Address 1725 Mendon Road, Suite 206			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Matthew R. Gilson			Treasurer Name Matthew R. Gilson		
Street Address 1725 Mendon Road, Suite 206			Street Address 1725 Mendon Road, Suite 206		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
		100	Common	\$0.01	
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 Matthew R. Gilson, President					Date 2-2-2023
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

FEB 10 2023
BY ML EZTA9

FORM 630 - Revised: 11/2021