



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

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.

2023 FEB 14 A.M. 05

1. Entity ID Number 000003157		2. Exact name of the Corporation BUTLER & MESSIER INC.			
3. Principal Office Address 1401 Newport Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island A life, property and casualty 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 Bruce J. Fisher-Messier			Vice-President Name Diane DeBlois		
Street Address 1401 Newport Avenue			Street Address 1401 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Bruce J. Fisher-Messier			Treasurer Name Bruce J. Fisher-Messier		
Street Address 1401 Newport Avenue			Street Address 1401 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Bruce J. Fisher-Messier			Director Name		
Street Address 1401 Newport Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	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.					
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 Roger L. Messier BRUCE J. Fisher-Messier				FILED	Date 1/30/2023
Signature of Authorized Representative <i>Bruce J. Fisher-Messier</i>				FEB 14 2023	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

By *[Signature]* 61557
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