



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.

FILED STAMP
 MAR 06 2023
 BY 30604

1. Entity ID Number 80398		2. Exact name of the Corporation PODMASKA INSURANCE AGENCY, INC.			
3. Principal Office Address 1309 Chalkstone Avenue		City Providence		State RI	Zip 02908
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance sales and service.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen W. Podmaska			Vice-President Name		
Street Address 5 Deer Run Trail			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Rhonda Podmaska			Treasurer Name Stephen W. Podmaska		
Street Address 5 Deer Run Trail			Street Address 5 Deer Run Trail		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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/STYLES	
		500		common	
				PAR VALUE	
				no 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 Stephen W. Podmaska					Date 2/18/2023
Signature of Authorized Representative 					

MAIL TO:
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