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State of Rhode Island

Department of State - Business Services Division

| - Angel | | | | | OT ARAD | |
|--|--|--|--|--------------------------------|------------------------|--|
| Annual Report for the year: 2023 Corporation | | | | PECEIVED STAMP | | |
| | | | | | | |
| → Filing Fee: \$50.00 | | | | 7923 MAR -8 A | թ։ 5 b | |
| → Penalty: Additional \$25 | 5.00 fee if form is r | ot filed by May 31 | l | [6] [89] [6] 1. | | |
| 1. Entity ID Number 001666296 | | me of the Corporatilier Insurance, Inc. | | | | |
| 3. Principal Office Address | | | City | State | Zip | |
| 89 Log Road | | | Harrisville | RI | 02830 | |
| 4. NAICS Code 524210 | Brief description of the character of business conducted in Rhode Island property and casualty insurance | | | | | |
| 5. State of Incorporation RI | | | | | | |
| 7. List ALL officers (names a | nd addresses) | | | Check the box to indi | cate an attachment | |
| President Name Bruce J. Fisher-Messier | | | Vice-President Name | Vice-President Name | | |
| Street Address 89 Log Road | | | Street Address | | | |
| City Harrisville | State RI | Zip 02830 | City | State | Zip | |
| Secretary Name | | <u>,</u> | Treasurer Name | | | |
| Bruce J. Fisher-Messier | | | Bruce J. Fisher-Messier | | | |
| Street Address | | | Street Address | | | |
| 89 Log Road | · · · · · · · · · · · · · · · · · · · | | | 89 Log Road City State Zip | | |
| City Harrisville | State Ri | Zip 02830 | City Harrisville | RI | 02830 | |
| 8. List ALL directors (names | and addresses) | | | Check the box to indi | | |
| 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 I | | sued Check the box to indicate an attachment | | | | |
| | | OF SHARES CLASS/SERIES PAR VALUE | | | | |
| Department or State. | | 100 Comn | non Shares with 0.01 Pa | r Value | | |
| Changes require an additional | filing. | | | | | |
| 11. This report must be executrustee, this report must be executive. | | | | . If the corporation is in the | hands of a receiver or | |
| Under penalty of perjury, I statements, and that all sta | | | | any accompanying sch | edules and | |
| Name of Authorized Represe Bruce J. Fisher-Messier | entative | | —————————————————————————————————————— | Date 2/2 | 21/2023 | |
| Signature of Authorized Repr | resentative | - | | 20 | | |
| MAIL TO: | | | MAR 0 8 20 | WNH8 | | |
| Division of Business Services 148 W. River Street, Providence, | Rhode Island 02904-2 | 2615 | 1 / V | NHY | | |

FORM 630 - Revised: 11/2021