



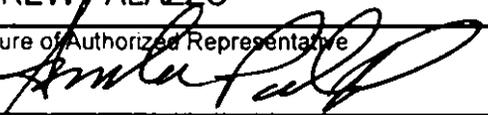
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

- 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

1. Entity ID Number 000001568		2. Exact name of the Corporation ATWOOD INSURANCE AGENCY, LTD.		2023 MAR 21 P 1:20	
3. Principal Office Address 565 BROADWAY			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island 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 ANDREW PALAZZO			Vice-President Name ANDREW DAVID PALAZZO		
Street Address 565 BROADWAY			Street Address 565 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name ANDREW PALAZZO			Treasurer Name ANDREW PALAZZO		
Street Address 565 BROADWAY			Street Address 565 BROADWAY		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANDREW PALAZZO			Director Name		
Street Address 565 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02909	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		PAR VALUE
			1000	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 ANDREW PALAZZO					Date 3-1-2023
Signature of Authorized Representative 					FILED 120 MAR 21 2023 BY NYØMS

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