



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

MAR 24 2023

BY

27934

1. Entity ID Number 000008876		2. Exact name of the Corporation Duxbury & Ray Insurance Agency, Inc.	
3. Principal Office Address 292 Waterman Avenue		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Marketing insurance contracts. Acting as Insurance Broker and Agent and any other lawful purpose		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name J. Theodore Ray		Vice-President Name J. Theodore Ray	
Street Address 292 Waterman Avenue		Street Address 292 Waterman Avenue	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name J. Theodore Ray		Treasurer Name J. Theodore Ray	
Street Address 292 Waterman Avenue		Street Address 292 Waterman Avenue	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 2000	CLASS/SERIES 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 J. Theodore Ray, President		Date 3-5-2023	
Signature of Authorized Representative <i>J. Theodore Ray, Pres.</i>			

MAIL TO:
Division of Business Services
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