



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000795487

**2. Name of Corporation** Cross Insurance, Inc. - Rhode Island

**3. Street Address Principal Business Office:**

No. and Street: 491 MAIN STREET

City or Town: BANGOR

State: ME

Zip: 04401

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: ME

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

INSURANCE AGENCY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

TREASURER	ROYCE M. CROSS	491 MAIN STREET BANGOR, ME 04401 USA
PRESIDENT & SECRETARY	JONATHAN M. CROSS	491 MAIN STREET BANGOR, ME 04401 USA
DIRECTOR	JONATHAN CROSS	491 MAIN STREET BANGOR, ME 04401 USA
DIRECTOR	ROYCE M. CROSS	491 MAIN STREET BANGOR, ME 04401 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	3,000.00	100

**9. 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.**

**Signed this 27 Day of March, 2023 at 8:16:15 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROYCE M. CROSS

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved