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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1 Entity ID Number 000124810		2 Exact name of the Corporation NORTHSTAR INSURANCE SERVICES, INC.				
3 Principal Office Address 72 RIVER PARK STREET			City NEEDHAM	State MA	Zip 02494	
4 NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island				
5 State of Incorporation MA		BROKER				
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name EDWARD B. PIERCE JR.			Vice-President Name NONE			
Street Address 6 LAFAYETTE CIRCLE			Street Address			
City WELLESLEY	State MA	Zip 02181	City	State	Zip	
Secretary Name EDWARD B. PIERCE JR.			Treasurer Name EDWARD B. PIERCE JR.			
Street Address 6 LAFAYETTE CIRCLE			Street Address 6 LAFAYETTE CIRCLE			
City WELLESLEY	State MA	Zip 02181	City WELLESLEY	State MA	Zip 02181	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name EDWARD B. PIERCE JR.			Director Name			
Street Address 6 LAFAYETTE CIRCLE			Street Address			
City WELLESLEY	State MA	Zip 02181	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/SERIES	PAR VALUE	
		200000		COMMON	0	
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 <i>Edward B. Pierce</i>					Date 12-15-23	
Signature of Authorized Representative EDWARD PIERCE						

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

FILED

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BY ML DCD9G