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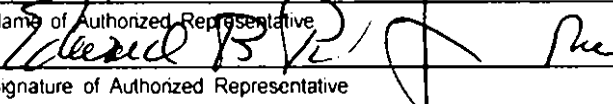
 State of Rhode Island
 Department of State - Business Services Division

 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 BROKER | | | |
| 5 State of Incorporation MA | | | | | |
| 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 200000 | CLASS/SERIES COMMON | PAR VALUE 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  | | | | | 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 OGD9G

FORM 630 - Revised: 11/2021