



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.

FILED

FEB 05 2024

FILED

1. Entity ID Number 000728057		2. Exact name of the Corporation ZELANO INSURANCE AGENCY INC			
3. Principal Office Address 37 PLEASANT VIEW AVE		City GREENVILLE		State RI	Zip 02828
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ANTHONY ZELANO			Vice-President Name DAVID ZELANO		
Street Address 37 PLEASANT VIEW AVE			Street Address 37 PLEASANT VIEW AVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name DAVID ZELANO			Treasurer Name ANTHONY ZELANO		
Street Address 37 PLEASANT VIEW AVE			Street Address 37 PLEASANT VIEW AVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6000	COMMON	0.0100	
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 DAVID ZELANO					Date 01/29/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov