



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.

STAMP
FILED
FEB 09 2024
BY *[Signature]* 15817

1. Entity ID Number 000036502	2. Exact name of the Corporation Hanuschak Insurance Agency, Inc.
---	---

3. Principal Office Address 3288 Mendon Road	City Cumberland	State RI	Zip 02864
--	---------------------------	--------------------	---------------------

4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance Agency.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David G. Hanuschak			Vice-President Name David G. Hanuschak		
Street Address 306 Sneeched Pond Road			Street Address 306 Sneeched Pond Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David G. Hanuschak			Treasurer Name David G. Hanuschak		
Street Address 306 Sneeched Pond Road			Street Address 306 Sneeched Pond Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	235	Common	No Par

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 G. Hanuschak	Date 2/6/23
--	-----------------------

Signature of Authorized Representative
[Signature]

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