



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]*

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	City Cumberland		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	City Cumberland		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	City		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	City		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			
		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 <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov