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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 001679854		2. Exact name of the Corporation Stu Forer Insurance, Inc.			
3. Principal Office Address 160 Medford Street			City Warwick	State RI	Zip 02889
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stuart J. Forer			Vice-President Name Anne-Marie Forer		
Street Address 160 Medford Street			Street Address 160 Medford Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Anne-Marie Forer			Treasurer Name Stuart J. Forer		
Street Address 160 Medford Street			Street Address 160 Medford Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	\$.01
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 Stuart J. Forer, President				Date 01/29/2024	
Signature of Authorized Representative Pres.			FILED		

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

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