



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 20 2024

BY

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 132512		2. Exact name of the Corporation McClure Insurance Agency, Inc.			
3. Principal Office Address 103 Van Deene Avenue		City West Springfield		State MA	Zip 01089
4. NAICS Code 52		6. Brief description of the character of business conducted in Rhode Island property & casualty insurance agency			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark S. McClure		Vice-President Name William H. McClure, II			
Street Address 11 Ely Way		Street Address 1 Dartmoor			
City Longmeadow	State MA	Zip 01106	City Enfield	State CT	Zip 06082
Secretary Name William H. McClure, II		Treasurer Name William H. McClure, II			
Street Address 1 Dartmoor		Street Address 1 Dartmoor			
City Enfield	State CT	Zip 06082	City Enfield	State CT	Zip 06082
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		CLASS/SERIES	PAR VALUE
		20,000		COMM	NPV
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 Mark S. McClure					Date
Signature of Authorized Representative 					