



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

FEB 20 2024

Annual Report for the year: 2024  
 Corporation

BY

- 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<br>132512   |             | 2. Exact name of the Corporation<br>McClure Insurance Agency, Inc.  |   |              |              |
| 3. Principal Office Address<br>103 Van Deene Avenue   |             |   | City<br>West Springfield                      | State<br>MA  | Zip<br>01089 |
| 4. NAICS Code<br>52   |             | 6. Brief description of the character of business conducted in Rhode Island<br>property & casualty insurance agency   |   |              |              |
| 5. State of Incorporation<br>Massachusetts  |             |   |   |              |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |              |              |
| President Name<br>Mark S. McClure   |             |   | Vice-President Name<br>William H. McClure, II |              |              |
| Street Address<br>11 Ely Way  |             |   | Street Address<br>1 Dartmoor                  |              |              |
| City<br>Longmeadow  | State<br>MA | Zip<br>01106  | City<br>Enfield                               | State<br>CT  | Zip<br>06082 |
| Secretary Name<br>William H. McClure, II  |             |   | Treasurer Name<br>William H. McClure, II      |              |              |
| Street Address<br>1 Dartmoor  |             |   | Street Address<br>1 Dartmoor                  |              |              |
| City<br>Enfield   | State<br>CT | Zip<br>06082  | City<br>Enfield                               | State<br>CT  | Zip<br>06082 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |              |              |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |              |              |
| This information is currently of record in the Department of State.<br><br>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. |             |   |   |              |              |
| <b>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.</b>                                       |             |   |   |              |              |
| Name of Authorized Representative<br>Mark S. McClure  |             |   |   |              | Date         |
| Signature of Authorized Representative<br>  |             |   |   |              |              |

MAIL TO:  
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