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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	2. Exact name of the Corporation		
000547217	Lezaola Thompson Insurance, Inc.		
3. Principal Office Address	City	State	Zip
940 Waterman Avenue	East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
524210	General Insurance Agents		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Kenneth C. Thompson, Jr.			Vice-President Name: Jessica A. Thompson		
Street Address: 940 Waterman Avenue			Street Address: 940 Waterman Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: Kenneth C. Thompson,. Jr.			Treasurer Name: Kenneth C. Thompson, Jr.		
Street Address: 940 Waterman Avenue			Street Address: 940 Waterman Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kenneth C. Thompson, Jr.			Director Name		
Street Address: 940 Waterman AVenue			Street Address		
City: East Providence	State: RI	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	CNP	$0.0000

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	Date
Kenneth C. Thompson, Jr.	2/15/24

Signature of Authorized Representative

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

FEB 27 2024
BY ML 000445

FORM 630- Revised 12/2023

Lezaola Thompson Insurance, Inc. ID No. 000547217

Additional Officers:

Assistant Treasurer:	Jessica A. Thompson 940 Waterman Avenue East Providence, RI 02914
Assistant Secretary:	Jessica A. Thompson 940 Waterman Avenue East Providence, RI 02914