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State of Rhode Island
Department of State - Business Services Division

FILED
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BY 28960

Annual Report for the year: 2024
Limited Liability Company

→ 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 Limited Liability Company		
522190	FERRA-HARRISON INSURANCE AGENCY, LLC		
3. NAICS Code: 524113	4. Brief description of the character of business conducted in Rhode Island: INSURANCE AGENT		
5. State of Formation: RHODE ISLAND			
6. Principal Office Address: 685 BOSTON NECK ROAD	City: NORTH KINGSTOWN	State: RI	Zip: 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: CATHLEEN HARRISON	Contact Title: OWNER		
Street Address: 39 PEACEFUL LANE	City: NORTH KINGSTOW	State: RI	Zip: 02852
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***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 Person: CATHLEEN HARRISON	Date: 2-23-2024		
Signature of Authorized Person: Cathleen Harrison			

MAIL TO:
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