



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

FEB 29 2024

0280512

→ 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 000008876		2. Exact name of the Corporation Duxbury & Ray Insurance Agency, Inc.	
3. Principal Office Address 292 Waterman Avenue		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Marketing insurance contracts. Acting as insurance broker and agent and any other lawful purpose.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name J. Theodore Ray		Vice-President Name J. Theodore Ray	
Street Address 292 Waterman Avenue		Street Address 292 Waterman Avenue	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name J. Theodore Ray		Treasurer Name J. Theodore Ray	
Street Address 292 Waterman Avenue		Street Address 292 Waterman Avenue	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		2000	common
			no par value
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 J. Theodore Ray, President			Date 2/29/24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov