FILED

MAR 0 4 2024

BY

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		
000002504	Leo A. Blais, Inc.		
3. Principal Office Address	City	State	Zip
One Walker Street	Lincoln	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
524210	Independent insurance company		
5. State of Incorporation			
Rhode Island			

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

President Name: Edward L. Blais			Vice-President Name: Susete M. Aguiar		
Street Address: 3 Bradford Drive			Street Address: 15 Prospect Hill		
City: Lincoln	State: RI	Zip: 02865	City: Tiverton	State: RI	Zip: 02878
Secretary Name: Edward L. Blais			Treasurer Name: Edward L. Blais		
Street Address: 3 Bradford Drive			Street Address: 3 Bradford Drive		
City: Lincoln	State: RI	Zip: 02865	City: Lincoln	State: RI	Zip: 02865

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

Director Name: Edward L. Blais			Director Name		
Street Address: 3 Bradford Drive			Street Address		
City: Lincoln	State: RI	Zip: 02865	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.	1,000	Common	$1.00

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
Edward L. Blais	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

FORM 630- Revised: 12/2023