RI SOS F State of Rhode Islan Department of	d			2/2024 4:00:00	PM		
Annual Report for the				FILED			
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by May 31. 				MAR 18 2024			
I. Entity ID Number 000036599		act name of the Corporation . Gilmartin & Son Agency, Inc.					
Principal Office Address 5 Todd Street			City Warwick		State RI	Zip 02888	
5. NAICS Code 52410 5. State of Incorporation Rhode Island	general b	6. Brief description of the character of business conducted in Rhode Island general business and insurance purposes; and any other lawful activity					
7. List Al.L officers (names and addresses) President Name Joseph J. Gilmartin, III			Vice-President Name Joseph J. Gilmartin, III Street Address				
15 Todd Sti ^{City} Warwick	State RI	^{Zip} 02888	City Warwin	15 Toda Street	State RI	^{Zip} 02888	
Secretary Name Joseph J. Gi	L	02000	Treasurer Nam				
Street Address same			Street Address same				
City	State	Zip	City		State	Zip	
List ALL directors (names a Director Name Street Address	and addresses)		Director Name Street Address		the box to in	ndicate an attachment 🔲	
Dity	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address	;			
City	State	Zıp	Cıty		State	Zıp	
Shares Authorized This information is currently of record in the			10. Shares issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		50	50		common		

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

Joseph J Gilmartin, III - President

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