



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

MAR 12 2024  
BY 60399 *DS*

1. Entity ID Number <b>000019824</b>		2. Exact name of the Corporation <b>INSURANCE RECONSTRUCTION SERVICES, INC.</b>			
3. Principal Office Address <b>41 Cedar Swamp Road</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction, reconstruction, restoration, and cleaning services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Eric S. Anderson</b>			Vice-President Name <b>Erika Dean</b>		
Street Address <b>66 Wauregan Road</b>			Street Address <b>28 Worthington Road</b>		
City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>	City <b>New London</b>	State <b>CT</b>	Zip <b>06320</b>
Secretary Name <b>Laurie Oates</b>			Treasurer Name <b>Laura Anderson</b>		
Street Address <b>120 Sandy Brook Road</b>			Street Address <b>66 Wauregan Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Eric S. Anderson</b>			Director Name		
Street Address <b>66 Wauregan Road</b>			Street Address		
City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			135		Common
					PAR VALUE
					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					
<b>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.</b>					
Name of Authorized Representative <b>Eric S. Anderson, President</b>					Date <b>3/6/24</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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