



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

APR 01 2024

BY 3031

- 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 000018778		2. Exact name of the Corporation Iannitelli Agency, Inc.			
3. Principal Office Address 535 Putnam Pike		City Greenville		State RI	Zip 02828
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance & related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard B. Iannitelli			Vice-President Name Jill Paterson		
Street Address 99 Dean Avenue			Street Address 99 Dean Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Richard B. Iannitelli			Treasurer Name Richard B. Iannitelli		
Street Address 99 Dean Avenue			Street Address 99 Dean Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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. <i>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.</i>					
Name of Authorized Representative Richard B. Iannitelli				Date 3/28/24	
Signature of Authorized Representative 					