



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.

APR 11 2024

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1. Entity ID Number 14059		2. Exact name of the Corporation STATEWIDE INSURANCE, INC.			
3. Principal Office Address 14 Woodruff Avenue		City Narragansett		State RI	Zip 02882
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island insurance agency			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERRANCE A. BIAFORE			Vice-President Name TERRANCE M. BIAFORE		
Street Address 14 Woodruff Avenue			Street Address 14 Woodruff Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name JOHN D. BIAFORE			Treasurer Name TERRANCE A. BIAFORE		
Street Address 253 Main Street			Street Address 14 Woodruff Avenue		
City East Greenwich	State RI	Zip 02818	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TERRANCE A. BIAFORE			Director Name		
Street Address 14 Woodruff Avenue			Street Address		
City Narragansett	State RI	Zip 02882	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 <input type="checkbox"/>					
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 100	CLASS/SERIES 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. <u>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.</u>					
Name of Authorized Representative TERRANCE M. BIAFORE, Vice President				Date 4-4-2024	
Signature of Authorized Representative 					

MAIL TO:
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