



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Corporation**2024**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JUN 24 2024

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1. Entity ID Number 001746987		2. Exact name of the Corporation MJB Insurance Services, Inc.			
3. Principal Office Address 2 Richmond Square, Suite 203			City Providence	State RI	Zip 02906
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island  TITLE: 7-1.2-1701 Insurance Agency & Brokerage			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Marnette J. Bromberg			Vice-President Name		
Street Address 4804 Laurel Cyn Blvd, PMB 341			Street Address		
City Valley Village	State CA	Zip 91607	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name NONE			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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1500		CWP	\$0.01
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 Marnette J. Bromberg				Date 5/30/2024	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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