



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. Corporate ID No. 001678669

2. Name of Corporation SUPERIOR ACCESS INSURANCE SERVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 301 CONGRESS AVE. SUITE 1200

City or Town: AUSTIN

State: TX Zip: 78701 Country: USA

5. State of Incorporation

State: CA

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY/WHOLESALE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CHIEF EXECUTIVE OFFICER (CEO)/DIRECTOR	JON WALHEIM	301 CONGRESS AVE. SUITE 1200 AUSTIN, TX 78701 USA

CHIEF OPERATIONS OFFICER (COO)/DIRECTOR	RYAN MASCARENHAS	301 CONGRESS AVE. SUITE 1200 AUSTIN, TX 78701 USA
CHIEF FINANCIAL OFFICER (CFO)/TREASURER	MATTHEW MORE	301 CONGRESS AVE. SUITE 1200 AUSTIN, TX 78701 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	1,000.00	1000

9. 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.

Signed this 22 Day of October, 2024 at 4:38:16 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RYAN MASCARENHAS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 22, 2024 04:37 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

