



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.

RECEIVED
RI DEPT. OF
BUSINESS
NOV 8 2024

1. Entity ID Number 001765955		2. Exact name of the Corporation WEAVER AGENCY, INC.			
3. Principal Office Address 35 SOUTH POND DRIVE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TAMMY WEAVER			Vice-President Name TAMMY WEAVER		
Street Address 35 SOUTH POND DRIVE			Street Address 35 SOUTH POND DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name TAMMY WEAVER			Treasurer Name TAMMY WEAVER		
Street Address 35 SOUTH POND DRIVE			Street Address 35 SOUTH POND DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TAMMY WEAVER			Director Name		
Street Address 35 SOUTH POND DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			500	COMMON	0.00
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. 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.					
Name of Authorized Representative TAMMY WEAVER - PRESIDENT				Date 11-5-2024	
Signature of Authorized Representative 				FILED NOV 8 2024 BY c4m3c 11:27	

MAIL TO:
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Website: www.sos.ri.gov