



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: Amended 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.

REC'D RI SOS BSD
DEC 9 PM 12:25:03
2024

1. Entity ID Number 000115490		2. Exact name of the Corporation McKee Risk Management, Inc.			
3. Principal Office Address 610 Freedom Business Center Drive, Suite 300			City King of Prussia	State PA	Zip 19406
4. NAICS Code 524298		6. Brief description of the character of business conducted in Rhode Island Insurance Underwriting			
5. State of Incorporation Pennsylvania					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Clyde D. McKee, III			Vice-President Name		
Street Address 10 Allyssa Circle			Street Address		
City Malvern	State PA	Zip 19355	City	State	Zip
Secretary Name Clyde D. McKee, IV			Treasurer Name Clyde D. McKee, IV		
Street Address 231 N. Essex Avenue			Street Address 231 N. Essex Avenue		
City Narberth	State PA	Zip 19072	City Narberth	State PA	Zip 19072
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Clyde D. McKee, III			Director Name		
Street Address 10 Allyssa Circle			Street Address		
City Malvern	State PA	Zip 19355	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 2,000,000	CLASS/SERIES common	PAR VALUE 0
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 Clyde D. McKee, IV				Date 12/5/24	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC 09 2024
BY
1225



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:

December 09, 2024 12:25 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

