



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number 001666296 | | 2. Exact name of the Corporation Bruce Messier Insurance, Inc. | | | | | | | | | |
|---|----------------------|---|--|--------------------|--|------------------|--------------|-----------|------------|----------------------|-----------------------|
| 3. Principal Office Address 1401 Newport Avenue | | | City Pawtucket | State RI | Zip 02861 | | | | | | |
| 4. NAICS Code 524210 | | 6. Brief description of the character of business conducted in Rhode Island Property and casualty insurance. | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| President Name Bruce J. Fisher-Messier | | | Vice-President Name | | | | | | | | |
| Street Address 1401 Newport Avenue | | | Street Address | | | | | | | | |
| City Pawtucket | State RI | Zip 02861 | City | State | Zip | | | | | | |
| Secretary Name Bruce J. Fisher-Messier | | | Treasurer Name Bruce J. Fisher-Messier | | | | | | | | |
| Street Address 1401 Newport Avenue | | | Street Address 1401 Newport Avenue | | | | | | | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 | | | | | | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| Director Name | | | 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 | | | | | | | | | |
| 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. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common Shares</td> <td>0.01 par value</td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common Shares | 0.01 par value |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100 | Common Shares | 0.01 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. | | | | | | | | | | | |
| 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 Bruce Fisher-Messier | | | | | Date 1/17/2025 | | | | | | |
| Signature of Authorized Representative <i>Bruce Fisher-Messier</i> | | | | | | | | | | | |

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

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BY **EHJ82**