



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

JAN 31 2025

BY 10581

1. Entity ID Number 539539		2. Exact name of the Corporation Lefebvre Insurance Agency, Inc.	
3. Principal Office Address 839 North Main Street		City Providence	State RI
		Zip 02904	
4. NAICS Code 52	6. Brief description of the character of business conducted in Rhode Island To carry on and conduct the business of insurance and related product sales.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses)			
President Name Andrew T. Lefebvre		Vice-President Name <input type="checkbox"/> Check the box to indicate an attachment	
Street Address 839 North Main Street		Street Address	
City Providence	State RI	Zip 02904	
Secretary Name Andrew T. Lefebvre		Treasurer Name Andrew T. Lefebvre	
Street Address 839 North Main Street		Street Address 839 North Main Street	
City Providence	State RI	Zip 02904	
City Providence		State RI	Zip 02904
8. List ALL directors (names and addresses)			
Director Name		Director Name <input type="checkbox"/> Check the box to indicate an attachment	
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 <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		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 Andrew T. Lefebvre		Date 1-23-25	
Signature of Authorized Representative 			

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