



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.

FILED

FEB 06 2025

BY 10342 AA

|   |             |  |   |             |                  |
|---|-------------|--|---|-------------|------------------|
| 1. Entity ID Number<br>000728057  |             | 2. Exact name of the Corporation<br>ZELANO INSURANCE AGENCY INC                                |   |             |                  |
| 3. Principal Office Address<br>37 PLEASANT VIEW AVE   |             | City<br>GREENVILLE   |   | State<br>RI | Zip<br>02828     |
| 4. NAICS Code<br>524210   |             | 6. Brief description of the character of business conducted in Rhode Island<br>INSURANCE SALES |   |             |                  |
| 5. State of Incorporation<br>RI   |             |  |   |             |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |             |                  |
| President Name<br>ANTHONY ZELANO  |             |  | Vice-President Name<br>DAVID ZELANO   |             |                  |
| Street Address<br>37 PLEASANT VIEW AVE  |             |  | Street Address<br>37 PLEASANT VIEW AVE  |             |                  |
| City<br>GREENVILLE  | State<br>RI | Zip<br>02828   | City<br>GREENVILLE  | State<br>RI | Zip<br>02828     |
| Secretary Name<br>DAVID ZELANO  |             |  | Treasurer Name<br>ANTHONY ZELANO  |             |                  |
| Street Address<br>37 PLEASANT VIEW AVE  |             |  | Street Address<br>37 PLEASANT VIEW AVE  |             |                  |
| City<br>GREENVILLE  | State<br>RI | Zip<br>02828   | City<br>GREENVILLE  | State<br>RI | Zip<br>02828     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |             |                  |
| 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  |             |  |   |             |                  |
| This information is currently of record in the Department of State.   |             |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |                  |
| Changes require an additional filing.   |             |  | NUMBER OF SHARES  |             | CLASS/SERIES     |
|   |             |  | 6000  |             | COMMON           |
|   |             |  | PAR VALUE   |             | 0.0100           |
| 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<br>DAVID ZELANO   |             |  |   |             | Date<br>02/01/25 |
| Signature of Authorized Representative<br>  |             |  |   |             |                  |

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