



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 28 2025
BY [Signature]

1. Entity ID Number 000002504		2. Exact name of the Corporation Leo A. Blais, Inc.			
3. Principal Office Address One Walker Street			City Lincoln	State RI	Zip 02865
4. NAICS Code 5242110		6. Brief description of the character of business conducted in Rhode Island Independent Insurance company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward L. Blais			Vice-President Name Susete M. Aguiar		
Street Address 3 Bradford Drive			Street Address 15 Prospect Hill		
City Lincoln	State RI	Zip 02865	City Tiverton	State RI	Zip 02878
Secretary Name Edward L. Blais			Treasurer Name Edward L. Blais		
Street Address 3 Bradford Drive			Street Address 3 Bradford Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward L. Blais			Director Name		
Street Address 3 Bradford Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE \$1.00
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 Edward L. Blais				Date 2/24/25	
Signature of Authorized Representative [Signature]					

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov