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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 06 2025
BY 7182

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	2. Exact name of the Corporation
312157	THE LAWRENCE AGENCY, INC.

3. Principal Office Address	City	State	Zip
872 SMITHFIELD AVENUE	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	INSURANCE AGENCY
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PETER A. LAWRENCE			Vice-President Name: PETER A. LAWRENCE		
Street Address: 872 SMITHFIELD AVENUE			Street Address: SAME		
City: LINCOLN	State: RI	Zip: 02865	City:	State:	Zip:
Secretary Name: PETER A. LAWRENCE			Treasurer Name: PETER A. LAWRENCE		
Street Address: SAME			Street Address: SAME		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	0.01

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	Date
PETER A. LAWRENCE, PRESIDENT	2/28/25

Signature of Authorized Representative: P A Lawrence

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

FORM 630- Revised: 12/2023