State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Corporation

2025

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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Entity ID Number	2. Exact nam	ne of the	e Corporation							
000157229	BASS U	BASS UNDERWRITERS, INC.								
3 Principal Office Address				City			State	Zip		
6951 W SUNRISE	BLVD				PLANTATION			33313		
NAICS Code	6. Brief desc	ription o	of the character of bus	ousiness conducted in Rhode Island						
524210										
State of Incorporation										
FL	INSURA	NCE	BROKER							
7. List ALL officers (names an		Check the box to indicate an attachment								
President Name				Vice-President Name						
ED JACKSON				JOSEPH W. ANDERTON						
Street Address				Street Address						
19151 SW 54TH PLACE				2830 HARVEY SI						
City	State	Zıp	p	City		State		Zip		
FT LAUDERDALE	FI,		33332	SULL	IVANS ISLAN	sc		29482		
Secretary Name				Treasurer						
				WILLIAM TURGEON, JR						
Street Address				Street Address						
			1168 MARBLE WAY							
City State	State	Zip		City		State		Zıp		
			BOCA	RATON	185		33432			
8. List ALL directors (names a	nd addresses)				Che	eck the box	to indica	ite an attachment		
Director Name			_	Director Na	ame					
Street Address		<u> </u>		Street Add	ress					
City	State	State Zip		City		State		Zip		
Director Name					Director Name					
Director (Valle				Diedor Name						
Street Address				Street Address						
City	State	Zip	·	City		State		Zip		
Shares Authorized		<u>l</u> _	10 Shares Issued	<u> </u>	Che	ck the box	to indica	ite an attachment	$\overline{}$	
This information is currently of record in the Department of State. Changes require an additional filling.		T .	NUMBER OF SHARES CLASS/SFRIES			PAR VALUE				
		1.00 CWP			1		1			
					1					
11. This report must be execute	ed on behalf of th	е согро	ration by an authorize	d representa	tive. If the corporation i	is in the hai	nds of a	re-		
ceiver or trustee, this report mu										
Under penalty of perjury, statements, and that all s	l declare and ध tatemen) s टेंग	affirm (tained	that I have examin <u>herein are true an</u>	ed this rep d correct.	ort, including any a	accompai	nying s	chedules and		
Name of Authorized Representative Date 3/9/75						9/5				
Signature of Authorized Repres		BULL					_4	11-2		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov