



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.

REC'D: RIDOS BSD  
25 MAR 21 PM 3:26:01

1. Entity ID Number 001726595		2. Exact name of the Corporation Gilson Insurance Agency, Inc.			
3. Principal Office Address 1725 Mendon Road, Suite 206		City Cumberland		State RI	Zip 02864
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance			
5. State of Incorporation 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 Matthew R. Gilson			Vice-President Name		
Street Address 1725 Mendon Road, Suite 206			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Matthew R. Gilson			Treasurer Name Matthew R. Gilson		
Street Address 1725 Mendon Road, Suite 206			Street Address 1725 Mendon Road, Suite 206		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	\$.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. <b>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.</b>					
Name of Authorized Representative Matthew R. Gilson, President				Date 3-13-2025	
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](http://www.sos.ri.gov)

FILED

MAR 21 2025  
BY 337  
FORM 630- Revised 12/2023