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
APR 08 2025
CBT BY 3515

1. Entity ID Number	2. Exact name of the Corporation
14059	STATEWIDE INSURANCE, INC.

3. Principal Office Address	City	State	Zip
14 Woodruff Avenue	Narragansett	RI	02882

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	Vice-President Name
Terrance A. Biafore	Terrance M. Biafore
Street Address: 14 Woodruff Avenue	Street Address: 14 Woodruff Avenue
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882
Secretary Name: John D. Biafore	Treasurer Name: Terrance A. Biafore
Street Address: 253 Main Street	Street Address: 14 Woodruff Avenue
City: East Greenwich, State: RI, Zip: 02818	City: Narragansett, State: RI, Zip: 02882

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

Director Name	Director Name
Terrance A. Biafore	
Street Address: 14 Woodruff Avenue	Street Address:
City: Narragansett, State: RI, Zip: 02882	City, State, Zip:
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	no par value

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
Terrance M. Biafore, Vice President	4-3-25

Signature of Authorized Representative: Terrance M Biafore

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