



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  
STAMP  
APR 11 2025(CEN) BY 44305

1. Entity ID Number 1688		2. Exact name of the Corporation Avery-Smith Insurance, Inc.			
3. Principal Office Address 237 New Meadow Road			City Barrington	State RI	Zip 02806
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Acting as agent/broker for insurance companies.			
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 Nancy S. Labelle			Vice-President Name David W. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name David W. Labelle			Treasurer Name Nancy S. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name David W. Labelle			Director Name Nancy S. Labelle		
Street Address 237 New Meadow Road			Street Address 237 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
200			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. <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 Nancy S. Labelle					Date 4/4/25
Signature of Authorized Representative <i>Nancy S. Labelle</i>					