| | State of Office of the | Rhode Islar | | Fee: \$50.00 | | | | | | |
|---|--|-----------------------------|-------------------|-----------------------------------|--|--|--|--|--|--|
| | | | | | | | | | | |
| | Division Of Business Services 148 W. River Street | | | | | | | | | |
| 1636 | | e RI 02904-26) 222-3040 | 515 | | | | | | | |
| Foreign Business Corpora | | | | | | | | | | |
| Annual Report Filing Period: February 1 - May 1 | | | | | | | | | | |
| | | prporation failir | na or refusina to | , | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | | | | | | | | | | |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025 | | | | | | | | | | |
| 1. Corporate ID No. 001778277 | | | | | | | | | | |
| 2. Name of Corporation FrankCrum Insurance Agency, Inc. | | | | | | | | | | |
| 3. Street Address Principal B | usiness Office: | | | | | | | | | |
| No. and Street: <u>100 S MI</u> | SSOURI AVE | | | | | | | | | |
| City or Town: <u>CLEARV</u> | /ATER | State: <u>FL</u> | Zip: <u>33756</u> | Country: <u>USA</u> | | | | | | |
| 4. Business Phone No. | | | | | | | | | | |
| <u>7277991150</u> | | | | | | | | | | |
| 5. State of Incorporation | 5. State of Incorporation | | | | | | | | | |
| State: <u>FL</u> | | | | | | | | | | |
| | NAIC | S CODE | | | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | | | | | |
| <u>524210</u> | | | | | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | | | | | |
| INSURANCE AGENCY | | | | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | | | | |
| All officers and directors must be listed. | | | | | | | | | | |
| Title | Individual Na First, Middle, Last, S | | | Iress State, Zip Code, Country | | | | | | |

| PRESIDENT | MATTHEW C CRUM | 100 S MISSOURI AVE |
|---------------------|-----------------|--------------------------|
| | | CLEARWATER, FL 33756 USA |
| | | |
| SECRETARY | MATTHEW C CRUM | 100 S MISSOURI AVE |
| | | CLEARWATER, FL 33756 USA |
| CEO | FRANK W CRUM JR | 100 S MISSOURI AVE |
| | | |
| | | CLEARWATER, FL 33756 USA |
| CFO | JAMES M CARR | 100 S MISSOURI AVE |
| | | CLEARWATER, FL 33756 USA |
| | | · · · |
| ASSISTANT SECRETARY | JAMES M CARR | 100 S MISSOURI AVE |
| | | CLEARWATER, FL 33756 USA |
| DIRECTOR | FRANK W CRUM JR | |
| | | 100 S MISSOURI AVE |
| | | CLEARWATER, FL 33756 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|------------------------|--|--|
| CWP | | \$1.0000 | 1,000.00 | 1000 |

9. 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.

Signed this 15 Day of April, 2025 at 3:32:24 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By EMILIE MARINESCU

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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