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State of Rhode Island
Department of State - Business Services Division

FILED MAY 15 2025 BY

FILED STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation			
000036599	J.J. Gilmartin & Son Agency, Inc.			
3. Principal Office Address: 15 Todd Street	City: Warwick	State: RI	Zip: 02888	
4. NAICS Code: 52410	6. Brief description of the character of business conducted in Rhode Island: general business and insurance purposes; and any other lawful activity			
5. State of Incorporation: Rhode Island				

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

President Name: Joseph J. Gilmartin, III	Vice-President Name: Joseph J. Gilmartin, III
Street Address: 15 Todd Street	Street Address: 15 Todd Street
City: Warwick State: RI Zip: 02888	City: Warwick State: RI Zip: 02888
Secretary Name: Joseph J. Gilmartin, III	Treasurer Name: Joseph J. Gilmartin, III
Street Address: same	Street Address: same
City: State: Zip:	City: State: Zip:

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

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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	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: Joseph J. Gilmartin, III President

Date: 4/1/25

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

FORM 630 - Revised: 11/2021