State of Rhode Islan				No.		
Annual Report for the Corporation		ness Services 5		FILED PLEE	0 2025 FAMP	
 → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25. 	5.00 fee if form is n		BY_		POS CECRETAR DE DOS	
1. Entity ID Number 000036599	2. Exact nan J.J. Gilr	me of the Corporatio martin & Son	n & Son Agency, Inc.			
Principal Office Address Todd Street	3. Principal Office Address 15 Todd Street			State RI	Zip 02888	
4. NAICS Code 52410 5. State of Incorporation Rhode Island	general b	6. Brief description of the character of business conducted in Rhode Island general business and insurance purposes; and any other lawful activity				
7. List ALL officers (names and President Name	d addresses)			Check the box to indica	ate an attachment	
President Name Joseph J. G	اال السعادة الكانية		Vice-President Name Jose	eph J. Gilmartin, III	oto an encomment	
15 Todd Stre	eet		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	I. Gilmartin, III	02000	
Street Address same			Street Address same	7,		
City	State	Zip	City	State	Ζίρ	
8. List ALL directors (names an	id addresses)			Charle the how to indic		
Director Name			Director Name	Check the box to indice	até an attachment 📋	
Street Address			Street Address			
City	State	Zip	City	Ta	·	
			Спу	Stale	Zip	
Director Name			Director Name			

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

Street Address

City

Joseph J. Gilmartin, III) President

This information is currently of record in the

Changes require an additional filing.

State

Zip

50

10. Shares Issued

NUMBER OF SHARES

Signature of Authorized Representative

MAIL TO: Division of Bysiness Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Street Address

Shares Authorized

Department of State.

City

Website: www.sos.rl.gov

Zip

no par value

PAR VALUE

Check the box to indicate an attachment

State

CLASS/SERIES

common