



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

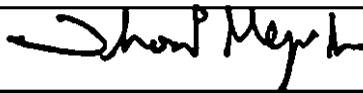
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2025 JUN -2 P 3:52

1. Entity ID Number 000509451		2. Exact name of the Corporation Insurance Office of America, Inc.			
3. Principal Office Address 1855 W State Road 434			City Longwood	State FL	Zip 32750
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance brokerage				
5. State of Incorporation Florida					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert Motley, Jr.			Vice-President Name None		
Street Address 1855 W State Road 434			Street Address None		
City Longwood	State FL	Zip 32750	City None	State None	Zip None
Secretary Name Thomas Meyers, Jr.			Treasurer Name Thomas Meyers, Jr.		
Street Address 1855 W State Road 434			Street Address 1855 W State Road 434		
City Longwood	State FL	Zip 32750	City Longwood	State FL	Zip 32750
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Heath Ritenour			Director Name Jeffrey Lagos		
Street Address 1855 W State Road 434			Street Address 1855 W State Road 434		
City Longwood	State FL	Zip 32750	City Longwood	State FL	Zip 32750
Director Name Robert Peters			Director Name Thomas Meyers, Jr.		
Street Address 1855 W State Road 434			Street Address 1855 W State Road 434		
City Longwood	State FL	Zip 32750	City Longwood	State FL	Zip 32750
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		53,128	Voting	\$0.10	
		41,464	Non-Voting	\$0.10	
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 Thomas Meyers, Jr.				Date 05/29/25	
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

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FORM 530- Revised 12/2023

 **BY JP31W**