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.

RECEIVED
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BUS SVCS DIV
2025 JUN -2 P 3:52

1. Entity ID Number	2. Exact name of the Corporation
000509451	Insurance Office of America, Inc.

3. Principal Office Address	City	State	Zip
1855 W State Road 434	Longwood	FL	32750

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
524210	Insurance brokerage
5. State of Incorporation: Florida	

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

President Name	Street Address	City	State	Zip
Robert Motley, Jr.	1855 W State Road 434	Longwood	FL	32750

Vice-President Name	Street Address	City	State	Zip
None	None	None	None	None

Secretary Name	Street Address	City	State	Zip
Thomas Meyers, Jr.	1855 W State Road 434	Longwood	FL	32750

Treasurer Name	Street Address	City	State	Zip
Thomas Meyers, Jr.	1855 W State Road 434	Longwood	FL	32750

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

Director Name	Street Address	City	State	Zip
Heath Ritenour	1855 W State Road 434	Longwood	FL	32750
Robert Peters	1855 W State Road 434	Longwood	FL	32750

Director Name	Street Address	City	State	Zip
Jeffrey Lagos	1855 W State Road 434	Longwood	FL	32750
Thomas Meyers, Jr.	1855 W State Road 434	Longwood	FL	32750

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
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	Date
Thomas Meyers, Jr.	05/29/25

Signature of Authorized Representative: Thomas Meyers

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 3:52 P
JUN 02 2025
BY JP31W

FORM 630- Revised 12/2023