



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RI SOS BSI
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1. Entity ID Number 001745156		2. Exact name of the Corporation Encova Insurance Agency, Inc.			
3. Principal Office Address 471 East Broad Street		City Columbus		State OH	Zip 43215
4. NAICS Code 524126	6. Brief description of the character of business conducted in Rhode Island Insurance Agency				
5. State of Incorporation OH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Joseph Obrokta Jr.			Vice-President Name		
Street Address 471 East Broad Street			Street Address		
City Columbus	State OH	Zip 43215	City	State	Zip
Secretary Name William Joseph McGee Jr.			Treasurer Name James Christopher Howat		
Street Address 471 East Broad Street			Street Address 471 East Broad Street		
City Columbus	State OH	Zip 43215	City Columbus	State OH	Zip 43215
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Thomas Joseph Obrokta Jr.			Director Name William Joseph McGee Jr.		
Street Address 471 East Broad Street			Street Address 471 East Broad Street		
City Columbus	State OH	Zip 43215	City Columbus	State OH	Zip 43215
Director Name Grady Brendan Campbell			Director Name James Christopher Howat		
Street Address 471 East Broad Street			Street Address 471 East Broad Street		
City Columbus	State OH	Zip 43215	City Columbus	State OH	Zip 43215
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		CWP	100.00
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. <i>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.</i>					
Name of Authorized Representative William J. McGee, Jr.					Date 4/24/2025
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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JUN 30 2025

BY yydjf

Name	Title	Address
John C. Kessler	Director	471 East Broad Street, Columbus, OH 43215