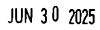
RI SOS Filing Number: 202576445870 Date: 6/30/2025 12:27:00 PM

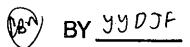
| 4.   |                                  |                      |  |                     |               | <del></del> -                         |                         |  |
|--|----------------------------------|----------------------|--|---------------------|---------------|---------------------------------------|-------------------------|--|
| State of Rhode Island  | ر<br>د                           | REC'D RIDOS BSI      |  |                     |               |                                       |                         |  |
| Department of State - Business Services Division   |                                  |                      |  |                     |               | CC C                                  |                         |  |
| Annual Report for the year: 2024   |                                  |                      |  |                     | 3             | 73                                    | •                       |  |
| Corporation -  |                                  |                      | 1. J. C.   |                     |               |                                       |                         |  |
| → Filing period: February 1 - → Filing Fee: \$50.00  |                                  |                      | <u> </u>   | <br>                |               |                                       |                         |  |
| → Penalty: Additional \$25.00 for  | 28                               |                      |  |                     |               |                                       |                         |  |
| 1. Entity ID Number  | 2. Exact name of the Corporation |                      |  |                     |               |                                       |                         |  |
| 001745156  | Encova Insurance Agency, Inc.    |                      |  |                     |               |                                       |                         |  |
| 3. Principal Office Address  |                                  |                      | City   |                     | State         |                                       | Zip                     |  |
| 471 East Broad Street  | Colum                            | bus                  | ОН   | _                   | 43215         |                                       |                         |  |
| 4. NAICS Code  | 6. Brief description             | on of the characte   | er of busines  | s conducted in Rho  | de Island     |                                       |                         |  |
| 524126   | Insurance Agency                 |                      |  |                     |               |                                       |                         |  |
| 5. State of Incorporation  |                                  |                      |  |                     |               |                                       |                         |  |
| ОН   |                                  |                      |  |                     |               |                                       |                         |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment                        |                                  |                      |  |                     |               |                                       | achment                 |  |
| President Name Thomas Joseph Obrokta Jr.   |                                  |                      | Vice-President Name  |                     |               |                                       |                         |  |
| Street Address 471 East Broad Street   |                                  |                      | Street Address   |                     |               |                                       |                         |  |
| <sup>City</sup> Columbus   | State OH                         | <sup>Zip</sup> 43215 | City   |                     | State         |                                       | Ζφ                      |  |
| Secretary Name William Joseph McGee Jr.  |                                  |                      | Treasurer Name James Christopher Howat   |                     |               |                                       |                         |  |
| Street Address 471 East Broad Street   |                                  |                      | Street Address 471 East Broad Street   |                     |               |                                       |                         |  |
| <sup>City</sup> Columbus   | State OH                         | <sup>Zip</sup> 43215 | City Colu  |                     |               | ОН                                    | Zip<br>43215            |  |
| 8. List ALL directors (names and ac  | ldresses)                        |                      | Director Na  |                     | e box to indi | cate an at                            | tachment Z              |  |
| Director Name Thomas Joseph  | William Joseph McGee Jr.         |                      |  |                     |               |                                       |                         |  |
| Street Address 471 East Broad Street   |                                  |                      | Street Address 471 East Broad Street  City Could be State Could Size Could State Could Sta |                     |               |                                       |                         |  |
| <sup>C-ty</sup> Columbus   | State OH                         | <sup>Zip</sup> 43215 | Coll   | Columbus            |               | ОН                                    | Zip<br>43215            |  |
| Grady Brendan Campbell   |                                  |                      | Director Name James Christopher Howat  |                     |               |                                       |                         |  |
| Street Address 471 East Broad Street   |                                  |                      | Street Address 471 East Broad Street   |                     |               |                                       |                         |  |
| <sup>City</sup> Columbus   | State OH                         | <sup>Zip</sup> 43215 | City Colu  | ımbus               | State         | ОН                                    | <sup>Zip</sup><br>43215 |  |
| 9. Shares Authorized   |                                  | 10. Shares Issu      |  | Check to            |               | icate an at                           | Hachment  PAR VALUE     |  |
| This information is currently of record in the Department of State.  Changes require an additional filing. |                                  | 200                  | 3174123  | CWP                 | 100.00        |                                       |                         |  |
|  |                                  |                      |  |                     |               |                                       |                         |  |
| 11. This report must be executed o ceiver or trustee, this report must b                                   |                                  |                      |  |                     | orporation is | in the han                            | ds of a re-             |  |
| Under penalty of perjury, I declar   | re and affirm that               | I have examine       | d this repor   | t, including any ac | companying    | ; schedul                             | es and                  |  |
| Name of Authorized Representative  |                                  |                      |  |                     | Date          |                                       |                         |  |
| William J. McGee, Jr./ 4/24/2025   |                                  |                      |  |                     |               | · · · · · · · · · · · · · · · · · · · |                         |  |
| Signature of Authorized Representative   |                                  |                      |  |                     |               |                                       |                         |  |
| MAIL TO: FILED 12:27?  |                                  |                      |  |                     |               |                                       |                         |  |

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov





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