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State of Rhode Island

Department of State - Business Services Division

I Report for the year: ration

iling period: February 1 - May 1

STAMP

1777 1880 (1778) (1774) 1880 (1880)

Filing Fee: \$50.00	•			30				
→ Penalty: Additional \$25.00 fe	ee if form is not fil	led by May 31.						
Entity ID Number	2. Exact name of	the Corporation						
001763609	Assur	ance I						
Principal Office Address	` ;		City		State	Zip		
39 Morton Dri	ive		War	-wick	RI	008	88	
4. NAICS Code	6. Brief description	on of the characte	r of busines	ss conducted in Rhode Isl	and			
524127	Insurance Agency							
5. State of Incorporation	1			, ,				
BI								
7. List ALL officers (names and add	resses)				k to indica	ate an attachmer	nt 🗀	
President Name			Vice-President Name					
Joseph Cinaglia			01					
Street Address 39 Morton Drive			Street Add	rėss				
City	State R I	Zip 07868	City		State	Zip		
Secretary Name	1/-	10000	Treasurer	Name				
Street Address	Street Add			uddress				
City	State	Zip	City		State	Zip	,	
8. List ALL directors (names and ac	idresses)	<u> </u>	<u> </u>	Check the bo	x to indica	ate an attachmer	nt li	
Director Name	Director Name							
Street Address			Street Address					
Gh.	Totala	Ta:-	104		Totala	17.4		
City	State	Zip	City		State	Zıp		
Director Name			Director Na	ame				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
	I] ']					
9. Shares Authorized		10. Shares Issue			x to indic	ate an attachme		
This information is currently of recor	d in the	NUMBER OF SI	HARES	CLASS/SERIES	—т	PAR VALU	JΈ	
Department of State.		l to				\bigcirc		
Changes require an additional filing.		2	>	1		<u> </u>		
11. This report must be executed or					ation is in	the hands of a r	re-	
ceiver or trustee, this report must be						 		
Under penalty of perjury, I declar statements, and that all statemen				t, including any accomp	panying :	schedules and		
Name of Authorized Representative			F	CCD	Date			
Joseph Cinag	Joseph Cinaglia 06/30/2				30/2025	<u> </u>		
Signature of Authorized Represent	ative		JUL	0 1 2025 -				
				144L	<u></u> -			
MAIL TO:		ਲੀ		\cd				
Division of Business Services								

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

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