RI SOS Filing	Number: 202	2044035130	Date: 6/	29/2020 4:0 <u>0:0</u>	0 PM	
State of Rhode Island and Department of State Annual Report for the ye	ivision		FILED			
Corporation Jo26			JUN 2 9 2020 ₽			
 → Filing period: January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fr 	<u> </u>					
1. Entity ID Number		of the Corporation				
1	Z. CAGO Harrie	or the Corporation	PICHAR	OS INSIGNAUCE I	AGENCY, Inc	, *.~
3. Principal Office Address	<u> </u>	<u> </u>	City		State	
					RI	Zip
1009 Smighfield Avenue 4. NAICS Code 6. Brief description of the character			LIN		1 '	02565
524210	o. Bhei descript	ion of the characte	or or busines:	s conducted in Knot	de Island	
5. State of Incorporation	1					
RHODE ISLAND	OPE	UFTION OF	to Insi	IMPICE AGEN	ICY	
7. List ALL officers (names and add					eck the box to indic	ate an attachment
President Name			Vice-President Name			
Street Address			Street Address			
G SABLES WAY			G SABLES WAY			
City LINCOLN	State	OSSCT.	City	LINCOLN	State	Zip
Secretary Name DENISE S. Kus/	NSKI		Treasurer N	BEPH R. K	usinski	
Street Address 25 SUFFOLK WMY			Street Address Cost Cost			
LINCOLN	State	02865	City	LINCOLN	State	Zip #2865
8. List ALL directors (names and addresses)			_ _	Che	eck the box to indic	ate an attachment
Director Name	uck:		Director Na	me	-	
Street Address 6 SAKLES WAY	1	. <u>. </u>	Street Addre	ess	<u> </u>	
City	State	Zip	City		State	Zip
LINCOLN	KE	arri		-		
Director Name DENISE S., Kusinski			Director Name			
DENISE S. Kusi Street Address 25 SUFFOCK	Street Address					
City	State	Zip 02865	City	, <u>.</u>	State	Zip
9. Shares Authorized	0C	10. Shares Issu		Che	eck the box to indic	ate an attachment
This information is currently of record in the Department of State.		NUMBER OF S	BER OF SHARES C		ASS/SER:ES PAR VALUE	
		25	250			
Changes require an additional filing.			-			
11. This report must be executed o	n behalf of the co	rporation by an au	thorized repr	esentative. If the co	rooration is in the t	nands of a receiver or
trustee, this report must be execute	ed on behalf of the	e corporation by th	e receiver or	trustee.		
Under penalty of perjury, I declar statements, and that all statements	re and affirm tha nts contained he	t I have examined rein are true and	this report,	, including any acc	companying sche	dules and
statements, and that all statements contained herein are true and Name of Authorized Representative					Date ,	· · · · · · · · · · · · · · · · · · ·
					64/20	
Signature of Authorized Representa	ative				1451 90	

SENDOCOMER FLOR

MAIL TO:

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