



Department of State - Business Services Division

**FILED**

JUN 29 2020 *DL*

1007

Annual Report for the year: 2020  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000009995</b>		2. Exact name of the Corporation <b>RICHARD'S INSURANCE AGENCY, INC</b>			
3. Principal Office Address <b>1009 SMITHFIELD AVENUE</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>524210</b>		6. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF AN INSURANCE AGENCY</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH R. KOSINSKI</b>			Vice-President Name <b>JOSEPH R. KOSINSKI</b>		
Street Address <b>6 SABLES WAY</b>			Street Address <b>6 SABLES WAY</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>DENISE S. KOSINSKI</b>			Treasurer Name <b>JOSEPH R. KOSINSKI</b>		
Street Address <b>25 SUFFOLK WAY</b>			Street Address <b>6 SABLES WAY</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSEPH R. KOSINSKI</b>			Director Name		
Street Address <b>6 SABLES WAY</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Director Name <b>DENISE S. KOSINSKI</b>			Director Name		
Street Address <b>25 SUFFOLK WAY</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
9. Shares Authorized <b>500</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>250</b>		<b>CNP</b>	
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 <i>[Signature]</i>				Date <b>6/29/20</b>	
Signature of Authorized Representative					