

KAPL489:

State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAR 16 2023  
BY 021620  
DS

Annual Report for the year: 2023  
Corporation

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number 001741507		2. Exact name of the Corporation KAPLANSKY INSURANCE AGENCY, INC.			
3. Principal Office Address 10 KEARNEY ROAD			City NEEDHAM HEIGHTS	State MA	Zip 02494
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island SERVICE			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ELY KAPLANSKY			Vice-President Name		
Street Address 10 KEARNEY RD, SUITE 200			Street Address		
City NEEDHAM	State MA	Zip 02494	City	State	Zip
Secretary Name			Treasurer Name ELY KAPLANSKY		
Street Address			Street Address 10 KEARNEY RD., SUITE 200		
City	State	Zip	City NEEDHAM	State MA	Zip 02494
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ELY KAPLANSKY			Director Name		
Street Address 10 KEARNEY RD., SUITE 200			Street Address		
City NEEDHAM	State MA	Zip 02494	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		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	PAR VALUE
		15000		CWE	1
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.					
<b>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.</b>					
Name of Authorized Representative <u>[Signature]</u>					Date
Signature of Authorized Representative ELY KAPLANSKY					

**MAIL TO:**  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)