RI SOS Filing Number: 202331312180 Date: 3/16/2023 4:00:00 PM

KAPL4891

State of Rhode Island

Department of State - Business Services Division

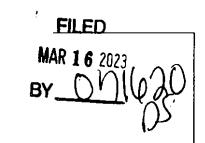
Annual Report for the year: 2023

Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31



Entity ID Number	2 Eyart nam	e of th	e Comoration						_	
1	Ĭ	2 Exact name of the Corporation KAPLANSKY INSURANCE AGENCY, INC.								
001741507 3 Panopal Office Address	I KAPLAN	SKY	INSURANC		, INC.			13		
				1 -	City State  NEEDHAM HEIGHTS MA			Zp		
1 C KEARNEY ROAD  4 NAICS Code  6 Brief description of the character of					NEEDHAM HEIGHTS siness conducted in Rhode Island			02494		
	6 Biner descr	nption (	of the character	of business condu	icted in Rhode Island					
524210 5 State of Incorporation	-									
MA	SERVIC	E1								
7 List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name	Vice-Presid	Vice-President Name								
ELY KAPLANSKY										
Street Address	Street Add	Street Address								
10 KEARNEY RD,	SUITE 2	00		1						
Crty	State	Zı	<del></del>	City		State		Zip		
MEEDHAM	MA		2494							
Secretary Name	Treasurer	Treasurer Name								
	ELY	ELY KAPLANSKY								
Street Address				<del></del>	Street Address					
				10 K	10 KEARNEY RD., SUITE 200					
City	State Zip		)	City		State MA		Zip 02494		
				NEEDI	IAM					
8 List ALL directors (names a	<b>-</b>	Check the box to indicate an attachment								
Director Name				Director N	ame					
ELY KAPLANSKY										
Street Address				Street Add	Street Address					
10 KEARNEY RD.	, SUITE	200								
City	State	Zıç	)	City	City		7	Zip		
NEEDHAM_	MA		)2494							
Director Name				Director N	Director Name					
Street Address				Street Add	Street Address					
Ollock Addicas	Silve: Add	Oliec. MUDICOS								
City	State	State Zi		City		State		Ζφ		
			<b>_</b>							
9 Shares Authonzed			10. Shares issued Check th			ck the box to	e box to indicate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES			<u>ES</u>	PAR VALUE			
			15000 CWP				1			
Changes require an addition			<u> </u>							
11 This report must be execute						is in the hand	is of a	a receiver or		
trustee, this report must be exe										
Under penalty of perjury,						ny accomp	anyii	ng schedules ai	nd	
statements, and that all s		ntaine	id herein are	true and corre	ct.		·			
Name of Authorized Regression						Date				
<u> </u>		<u>-</u>								
Signature of Authorized Repre	sentative									
ELY KAPLANSKY										

MAIL TO:

Division of Business Services

148 W River Street Providence, Rhode Island 02904-2615

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