



**State of Rhode Island
Department of State - Business Services Division**

STAMP

REC'D RI SOS BSO
24 JAN 30 PM 11:58:25
02893

**Annual Report for the year: 2024
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 000142321		2. Exact name of the Corporation Rodney M. Brusini Insurance Services, Ltd.			
3. Principal Office Address 211 Quaker Lane, Suite 201			City West Warwick		State RI
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island To provide insurance consulting and services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rodney M. Brusini			Vice-President Name		
Street Address 211 Quaker Lane, Suite 201			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Rodney M. Brusini			Treasurer Name Rodney M. Brusini		
Street Address 211 Quaker Lane, Suite 201			Street Address 211 Quaker Lane, Suite 201		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common Shares	0.01 par value
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 Rodney M. Brusini				Date 1/30/2024	
Signature of Authorized Representative 				FILED	

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

FILED
JAN 30 2024
BY ml 6035