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State of Rhode Island  
Department of State - Business Services Division

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 <b>000018645</b>		2. Exact name of the Corporation <b>Pierce Agency of Portsmouth, Inc.</b>			
3. Principal Office Address <b>Two Corporate Place</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>524210</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Insurance Agents</b>			
5. State of Incorporation <b>RI</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>V. David Andrade</b>			Vice-President Name <b>N/A</b>		
Street Address <b>Two Corporate Place</b>			Street Address		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>V. David Andrade</b>			Treasurer Name <b>Victor M. Andrade</b>		
Street Address <b>Two Corporate Place</b>			Street Address <b>Two Corporate Place</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</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>V. David Andrade</b>			Director Name <b>Victor M. Andrade</b>		
Street Address <b>Two Corporate Place</b>			Street Address <b>Two Corporate Place</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SES	PAR VALUE	
		<b>950</b>	<b>Common</b>	<b>No Par</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 <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 <b>V. David Andrade</b>					Date <b>2/12/24</b>
Signature of Authorized Representative 					<b>FILED 1153</b> <b>FEB 20 2024</b> <b>BY 75577</b>

MAIL TO:  
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Website: www.sos.ri.gov