

KAPI 4891

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.

FILED
MAR 19 2024
BY 73570

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) Check the box to indicate an attachment <input type="checkbox"/>					
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	State	Zip
			NEEDHAM	MA	02494
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		15000		CWP	1.00
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.					
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.					
Name of Authorized Representative					Date 3/13/2024
Signature of Authorized Representative 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