

**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 6376**

1. Entity ID Number CO1669000		2. Exact name of the Corporation GRIDIRON INS. UNDERWRITERS, INC.			
3. Principal Office Address 261 N UNIVERSITY DRIVE, SUITE 510			City PLANTATION	State FL	Zip 33324
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<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 <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		150		A	0.01
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 <i>Joseph W Anderton</i>					Date 3/2/24
Signature of Authorized Representative JOSEPH ANDERTON					

**MAIL TO:**  
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