

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003028

Entity Name: STARKWEATHER & SHEPLEY INSURANCE BROKERAGE
INCORPORATED

FILED
Feb 05, 2024
Secretary of State
1514818928CC

Current Principal Place of Business:

5150 NORTH TAMiami TRAIL
SUITE 203
NAPLES, FL 34103

Current Mailing Address:

P.O. BOX 549
PROVIDENCE, RI 02901-0549 US

FEI Number: 05-0222530

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CHAIRMAN, DIRECTOR
Name KEEFE, LAWRENCE E
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title SECRETARY, DIRECTOR
Name MEACHAM, PATRICK T
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title CFO, DIRECTOR
Name ANDERSON, RICHARD W
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name FOTOPULOS, ANDREW J
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name PLUMB, PETER C
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title TREASURER
Name GULDHAUGE, AMY E
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name LOWE, ELIZABETH A
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name JACAVONE, PETER III
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD W. ANDERSON

CFO

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COTTRELL, SEAN
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name DUQUETTE, NORMAND
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549

Title DIRECTOR
Name THAYER, JESSICA
Address P.O. BOX 549
City-State-Zip: PROVIDENCE RI 02901-0549