

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003028

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**6933417809CC**

**Entity Name:** STARKWEATHER & SHEPLEY INSURANCE BROKERAGE  
INCORPORATED

**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.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 DEWARE, STEVEN E  
Address P.O. BOX 549  
City-State-Zip: PROVIDENCE RI 02901-0549

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

*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 ANDERSON**

**CFO**

**03/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date