

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001830

**Entity Name:** RISCO INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

5150 NORTH TAMiami TRAIL  
SUITE 203  
NAPLES, FL 34103

**Current Mailing Address:**

PO BOX 549  
PROVIDENCE, RI 02901 US

**FEI Number:** 05-0432872

**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            PRESIDENT, DIRECTOR  
Name            PLUMB, PETER C  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            TREASURER  
Name            ANDERSON, RICHARD W  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            KEEFE, LAWRENCE E  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            FOTOPULOS, ANDREW F  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR, SECRETARY  
Name            MEACHAM, PATRICK T  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            LOWE, ELIZABETH A  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            JACAVONE, PETER III  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title            DIRECTOR  
Name            COTTRELL, SEAN  
Address        PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

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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

**TREASURER**

**02/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DUQUETTE, NORMAND  
Address PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901

Title DIRECTOR  
Name THAYER, JESSICA  
Address PO BOX 549  
City-State-Zip: PROVIDENCE RI 02901