

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001830

FILED
Mar 18, 2022
Secretary of State
3095210356CC

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.
17888 67TH COURT NORTH
LOXAHTCHEE, 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 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

03/18/2022

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