



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104020**  
2. Name of Corporation **Lathrop Insurance, Inc.**  
3. Street Address Principal Business Office  
**35 A Beach St.**  
4. Business Phone No. **401-596-2525**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance Agency**

City **Westerly** State **RI** Zip **02891**  
6. SIC Code **5702**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **John H. Lathrop**  
Street Address **7 Cohasset Way**  
City **Westerly** State **RI** Zip **02891**

Vice President Name **M. Catherine McGill Lathrop**  
Street Address **7 Cohasset Way**  
City **Westerly** State **RI** Zip **02891**

Secretary Name **David B. Anderson**  
Street Address **35 A Beach St.**  
City **Westerly** State **RI** Zip **02891**

Treasurer Name **John H. Lathrop**  
Street Address **7 Cohasset Way**  
City **Westerly** State **RI** Zip **02891**

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **John H. Lathrop**  
Street Address **7 Cohasset Way**  
City **Westerly** State **RI** Zip **02891**

Director Name **M. Catherine McGill Lathrop**  
Street Address **7 Cohasset Way**  
City **Westerly** State **RI** Zip **02891**

Director Name **David B. Anderson**  
Street Address **35 A Beach St.**  
City **Westerly** State **RI** Zip **02891**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 4 0 2 0 \*

File Date: **3-21-02**  
Check No.: **24028**  
By: **[Signature]**

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.

Signature of Officer **[Signature]** Date **3/19/02**  
Print or Type Name of Officer **John H. Lathrop**  
Title of Officer **President**