



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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 **85A Beach St.** City **Westerly** State **RI** Zip **02891**  
4. Business Phone No. **401-596-2525** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance Agency**

**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 **85A 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 **85A Beach St.**  
City **Westerly** State **RI** Zip **02891**

Director Name  
Street Address  
City  
State  
Zip

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

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

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

Number of Shares	Class/Series	Par Value
<b>None</b>		

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: 9-26-01  
Check No.: 23467  
By: [Signature]

[Signature] 9/10/01  
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] 2/5/01  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Print or Type Name of Officer John H. Lathrop  
Title of Officer President