



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

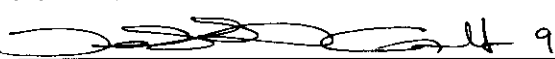
1. Entity ID No. 515674		2. Exact name of the Corporation Bickmore & Associates, Inc.			
3. Principal office address 1750 Creekside Oaks Drive		City Sacramento	State CA	Zip 95833	
4. Business Phone No. 800-541-4591		5. State of Incorporation California			
6. Brief description of the character of business conducted in Rhode Island Risk management consulting services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Gregory L. Trout		Vice-President Name John P. Alltop			
Street Address 1186 Souza Drive		Street Address 9612 Lakepoint Drive			
City El Dorado Hills	State CA	Zip 95762	City Elk Grove	State CA	Zip 95758
Secretary Name Robert L. Kramer		Treasurer Name Jeffrey C. Grubbs			
Street Address 825 Wedgewood Court		Street Address 8100 Polo Cross Avenue			
City West Sacramento	State CA	Zip 95605	City Sacramento	State CA	Zip 95829
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name Richard H. Taketa		Director Name Jeffrey H. Marshall			
Street Address 173 Tennyson Drive		Street Address 17 Glenbrook Drive			
City Short Hills	State NJ	Zip 07078	City Mendham	State NJ	Zip 07945
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 19 2015

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.

 9/10/15
Signature of Authorized Representative Date
Jeffrey Grubbs, SVP- Managing Director
Print or Type Name of Authorized Representative

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