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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.	2. Exact name of the Corporation
515674	**Bickmore & Associates, Inc.**

3. Principal office address	City	State	Zip
1750 Creekside Oaks Drive	**Sacramento**	**CA**	**95833**

4. Business Phone No.	5. State of Incorporation
800-541-4591	**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	Street Address	City	State	Zip
Gregory L. Trout	**1186 Souza Drive**	**El Dorado Hills**	**CA**	**95762**

Vice-President Name	Street Address	City	State	Zip
John P. Alltop	**9612 Lakepoint Drive**	**Elk Grove**	**CA**	**95758**

Secretary Name	Street Address	City	State	Zip
Robert L. Kramer	**825 Wedgewood Court**	**West Sacramento**	**CA**	**95605**

Treasurer Name	Street Address	City	State	Zip
Jeffrey C. Grubbs	**8100 Polo Cross Avenue**	**Sacramento**	**CA**	**95829**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Richard H. Taketa	**173 Tennyson Drive**	**Short Hills**	**NJ**	**07078**

Director Name	Street Address	City	State	Zip
Jeffrey H. Marshall	**17 Glenbrook Drive**	**Mendham**	**NJ**	**07945**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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
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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

Form No. 630
Revised: 01/2012
126659-2-1058532