



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS DIV

Annual Report for the year: **2017**  
 Corporation \_\_\_\_\_

2017 JAN 23 PM 2:13

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |                    |  |   |                         |                     |
|--|--------------------|--|---|-------------------------|---------------------|
| 1. Entity ID Number<br><b>2026</b>   |                    | 2. Exact name of the Corporation<br><b>Barton Insurance Group, Inc.</b>                                |   |                         |                     |
| 3. Principal Office Address<br><b>407 Pontiac Avenue</b>   |                    |  | City<br><b>Cranston</b>   | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 4. Business Phone Number:<br><b>401-781-6700</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Insurance Broker</b> |   |                         |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                         |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                         |                     |
| President Name<br><b>Scott W. Cooke</b>  |                    |  | Vice-President Name<br><b>None</b>  |                         |                     |
| Street Address<br><b>407 Pontiac Avenue</b>  |                    |  | Street Address  |                         |                     |
| City<br><b>Cranston</b>  | State<br><b>RI</b> | Zip<br><b>02910</b>  | City  | State                   | Zip                 |
| Secretary Name<br><b>Nancy C. Cooke</b>  |                    |  | Treasurer Name<br><b>Scott W. Cooke</b>   |                         |                     |
| Street Address<br><b>407 Pontiac Avenue</b>  |                    |  | Street Address<br><b>407 Pontiac Avenue</b>   |                         |                     |
| City<br><b>Cranston</b>  | State<br><b>RI</b> | Zip<br><b>02910</b>  | City<br><b>Cranston</b>   | State<br><b>RI</b>      | Zip<br><b>02910</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                         |                     |
| Director Name<br><b>Scott W. Cooke</b>   |                    |  | Director Name   |                         |                     |
| Street Address<br><b>407 Pontiac Avenue</b>  |                    |  | Street Address  |                         |                     |
| City<br><b>Cranston</b>  | State<br><b>RI</b> | Zip<br><b>02910</b>  | City  | State                   | Zip                 |
| Director Name  |                    |  | Director Name   |                         |                     |
| Street Address   |                    |  | Street Address  |                         |                     |
| City   | State              | Zip  | City  | State                   | Zip                 |
| 9. Shares Authorized   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                         |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  | CLASS/SERIES            | PAR VALUE           |
|  |                    |  | <b>1</b>  | <b>common</b>           | <b>no par</b>       |
| 11. 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.<br><i>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.</i> |                    |  |   |                         |                     |
| Name of Authorized Representative<br><b>Scott W. Cooke</b>   |                    |  |   | Date<br><b>12/13/16</b> |                     |
| Signature of Authorized Representative<br><br><div style="text-align: center;"><b>FILED</b> DOCUMENT HERE </div>   |                    |  |   |                         |                     |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**JAN 23 2017**

BY CK # 8733