



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

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

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

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV

2017 JAN 23 PM 2:13

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

FILED
SIGN DOCUMENT HERE

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

FORM 630 - Revised: 08/2016