



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

Annual Report for the year: **2018**  
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  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2018 MAR 29 AM 11:05

1. Entity ID Number <b>10039</b>		2. Exact name of the Corporation <b>Gallo   Thomas Insurance Agency, Inc.</b>			
3. Principal Office Address <b>117 Metro Center Blvd., Suite 1004</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>524210</b>	6. Brief description of the character of business conducted in Rhode Island <b>General Insurance</b>				
5. State of Incorporation <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 <b>Thomas J. DiSanto</b>			Vice-President Name <b>Melissa E. Brooks</b>		
Street Address <b>117 Metro Center Blvd., Suite 1004</b>			Street Address <b>117 Metro Center Blvd., Suite 1004</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Melissa E. Brooks</b>			Treasurer Name <b>Thomas J. DiSanto</b>		
Street Address <b>117 Metro Center Blvd., Suite 1004</b>			Street Address <b>117 Metro Center Blvd., Suite 1004</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</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			Director Name		
Street Address			Street Address		
City	State	Zip	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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative <b>Thomas J. DiSanto</b>					Date <b>3/28/18</b>
Signature of Authorized Representative <i>Thomas J. DiSanto</i>					FILED SIGN DOCUMENT HERE

MAR 29 2018  
BY 327627  
AA