



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 10039		2. Exact name of the Corporation Gallo Thomas Insurance Agency, Inc.					
3. Principal Office Address 117 Metro Center Blvd., Suite 1004		City Warwick		State RI	Zip 02886		
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island General Insurance						
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 Thomas J. DiSanto			Vice-President Name Melissa E. Brooks				
Street Address 117 Metro Center Blvd., Suite 1004			Street Address 117 Metro Center Blvd., Suite 1004				
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
Secretary Name Melissa E. Brooks			Treasurer Name Thomas J. DiSanto				
Street Address 117 Metro Center Blvd., Suite 1004			Street Address 117 Metro Center Blvd., Suite 1004				
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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 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
			100			common	no 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. 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 Thomas J. DiSanto					Date 3/28/18		
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED		

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

MAR 29 2018
BY **327627**
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