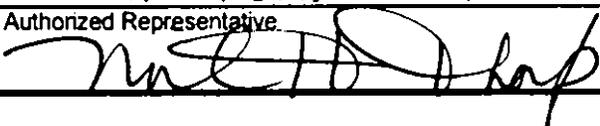


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

- 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 000010145		2. Exact name of the Corporation THORP+TRAINER, INC			
3. Principal Office Address 107 AIRPORT Rd.		City WESTERLY	State R.I	Zip 02891	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island INDEPENDENT INSURANCE AGENCY				
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 HOWARD B. THORP		Vice-President Name ELIZABETH M. TREBISACCI			
Street Address 13 ANDERSEN COURT		Street Address 26 KNOLLWOOD DRIVE			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name ELIZABETH TREBISACCI		Treasurer Name NEIL H. THORP			
Street Address 26 KNOLLWOOD DRIVE		Street Address 49 SUNSET DRIVE			
City WESTERLY	State RI	Zip 02891	City CHARLESTOWN	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HOWARD B. THORP		Director Name NEIL H. THORP			
Street Address 13 ANDERSEN COURT		Street Address 49 SUNSET DRIVE			
City WESTERLY	State RI	Zip 02891	City CHARLESTOWN	State RI	Zip 02813
Director Name ELIZABETH M. TREBISACCI		Director Name			
Street Address 26 KNOLLWOOD DRIVE		Street Address			
City WESTERLY	State RI	Zip 02891	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 185	CLASS/SERIES COMMON	PAR VALUE 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 NEIL H. THORP - TREASURER				Date DEC 26, 2018	
Signature of Authorized Representative 			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

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