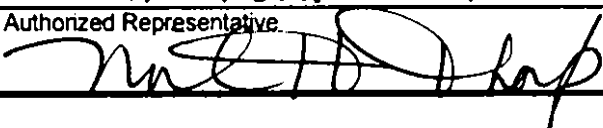


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>000010145</b>		2. Exact name of the Corporation <b>THORP+TRAINER, INC</b>	
3. Principal Office Address <b>107 AIRPORT Rd.</b>		City <b>WESTERLY</b>	State <b>R.I</b>
		Zip <b>02891</b>	
4. NAICS Code <b>524210</b>	6. Brief description of the character of business conducted in Rhode Island <b>INDEPENDENT INSURANCE AGENCY</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>HOWARD B. THORP</b>		Vice-President Name <b>ELIZABETH M. TREBISACCI</b>	
Street Address <b>13 ANDERSEN COURT</b>		Street Address <b>26 KNOLLWOOD DRIVE</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>WESTERLY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Secretary Name <b>ELIZABETH TREBISACCI</b>		Treasurer Name <b>NEIL H. THORP</b>	
Street Address <b>26 KNOLLWOOD DRIVE</b>		Street Address <b>49 SUNSET DRIVE</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02813</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 <b>HOWARD B. THORP</b>		Director Name <b>NEIL H. THORP</b>	
Street Address <b>13 ANDERSEN COURT</b>		Street Address <b>49 SUNSET DRIVE</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02813</b>	
Director Name <b>ELIZABETH M. TREBISACCI</b>		<del>Director Name</del>	
Street Address <b>26 KNOLLWOOD DRIVE</b>		<del>Street Address</del>	
City <b>WESTERLY</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		Zip	
9. Shares Authorized <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.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>185</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. 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 <b>NEIL H. THORP - TREASURER</b>			Date <b>DEC 26, 2018</b>
Signature of Authorized Representative 			

**FILED**