



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JAN 31 2023

BY 12485

KES

1. Entity ID Number 000002026		2. Exact name of the Corporation Barton Insurance Group, Inc.			
3. Principal Office Address 407 Pontiac Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Broker			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		
			1	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 1-19-23
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov