State of Rhode IslandFee: \$50.00Office of the Secretary of State					
Division Of Business Services					
148 W. River Street					
Providence RI 02904-2615					
(401) 222-3040					
Foreign Business Corporation Annual Report					
Filing Period: February 1 - May 1					
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024					
1. Corporate ID No. 001738503					
2. Name of Corporation Barton Oaks Insurance Services, Inc.					
3. Street Address Principal Business Office:					
No. and Street: 901 S MOPAC EXPY					
<u>BLDG V STE. 500</u>					
City or Town:AUSTINState: TXZip: 78746Country: USA					
4. Business Phone No.					
<u>800-580-8658</u>					
5. State of Incorporation					
State: <u>TX</u>					
NAICS CODE					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>524210</u>					
6. Brief Description of the Character of Business Conducted in Rhode Island					
TRANSACTION OF BUSINESS AS A NON RESIDENT INSURANCE AGENCY					
7. Names and Addresses of the Officers and Directors:					
All officers and directors must be listed.					

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	ROBERT D. DONOHOE	901 S. MOPAC EXPY, BARTON OAKS PLAZA V, #500 AUSTIN, TX 78746 USA	
TREASURER	BRETT LAROCK	901 S MOPAC EXPY, BLDG V STE. 500 AUSTIN, TX 78746 USA	
SECRETARY	JOHN DEVIN	901 S MOPAC EXPY, BLDG V STE. 500 AUSTIN, TX 78746 USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
CWP		\$1.0000	100,000.00	10000

9. 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.

Signed this 13 Day of March, 2024 at 4:45:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT D DONOHOE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved