



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

Annual Report for the year: 2017  
 Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

2017 SEP 20 PM 2:49  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number 001665588		2. Exact name of the Limited Liability Company Advanced Benefit Solutions LLC	
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island RETAIL REMODELING	
6. State of Formation Wy			
6. Principal Office Address 1621 Central Ave		City Cheyenne	State WY
		Zip 82001	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Rex Harrison		Contact Title Controller	
Street Address 3675 Crestwood Pkwy #270		City Duluth	State GA
		Zip 30096	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Person Rex Harrison		Date 9/13/17	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02804-2816  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

SEP 25 2017

BY 313298

FORM 632 - Revised: 08/2016