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CORPORATIONS DIV

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

Annual Report for the year: 2018  
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.

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 Receiving			
5. State of Formation Wyoming					
6. Principal Office Address 50 Hobson Avenue		City E. Providence	State RI	Zip 02914	
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 NW Ste 120		City Duluth	State GA	Zip 30096-5045	
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	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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.					
<i>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.</i>					
Name of Authorized Person CHARLES C. POTTEET IV				Date 6/6/19	
Signature of Authorized Person 					

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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FORM 632 - Revised: 10/2017  
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