



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

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 CORPORATIONS DIV

2019 JUN 13 PM 1:33

Annual Report for the year: 2019
 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 <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island Retail Receiving			
5. State of Formation Wyoming					
6. Principal Office Address <u>50 Hobson Avenue</u>		City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Rex Harrison</u>			Contact Title <u>Controller</u>		
Street Address <u>3675 Crestwood Pkwy NW Ste 120</u>		City <u>Duluth</u>	State <u>GA</u>	Zip <u>30096-5045</u>	
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 <u>CHARLES C. POTEET IV</u>			Date <u>6/6/19</u>		
Signature of Authorized Person 			BY <u>DF WDX</u>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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BY DF WDX

FORM 852 - Revised: 10/2017

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