

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * 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(ced)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 159689	2. Name of Corporation Strategic Employ	2. Name of Corporation Strategic Employee Benefit Services, The Southern New England Group, Inc.			
3. Street Address Principal Business Office 275 Promenade Street, Suite 300			City Providence	State RI	Ζήρ 02903
4. Business Phone No. 5. State of Incorporation 401-331-8300 Rhode Island					
6. Brief Description of the Character To provide advice and serv	of Business Conducted in Ri vices in connection wi	bode Island th financial planning.			3+373-2
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS
Prestdent Name			Vice President Name		
Daphne Stroud			Daphne Stroud		
Street Address 275 Promenade Street, Suite 300			Street Address		
ார Providence	State RI	21p 02903	Cliv	State	Zip
Secretary Name Daphne Stroud			Treasurer Nume Daphne Stroud		
Street Address			Stroet Address		
same			same		
Crip	State	Zip	Clty	Suite	Zifi
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPACE Director Name	ces before using at	TACHMENTS
Spece Addres;			Street Address		
CB)	Suge	Zip	СИР	State	Ζψ
Elirectiv Nume		I	Director Name		
Street Address			Street Address		
City	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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1,000 \$0.01 PAR VALUE		100	Common	\$0.01	
This report must be executed this report must be executed			d representative. If the corpor trustee.	ation is in the hands of	a 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
File Date FILED	19/08
Check No. JAN 2 8 2008	Doohne STYOUS
By 74/1	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President