



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |                       |                                                                                                                                                                                                                        |                                    |              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------|-----|
| 1. ID No.<br>128449                                                                                                                                                                                           |                       | 2. Exact name of the limited liability company<br>Bentley Employee Benefits Group, LLC                                                                                                                                 |                                    |              |     |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |                       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Design and administration of employee benefit plans and other activities permitted by limited liability companies |                                    |              |     |
| 5. Principal office address<br>117 Metro Center Boulevard, Suite 2007                                                                                                                                         |                       | City<br>Warwick                                                                                                                                                                                                        | State<br>Rhode Island              | Zip<br>02886 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                       |                                                                                                                                                                                                                        |                                    |              |     |
| Contact Name<br>Paul R. Merlino                                                                                                                                                                               |                       |                                                                                                                                                                                                                        | Contact Title<br>Operating Manager |              |     |
| Street Address<br>117 Metro Center Boulevard, Suite 2007                                                                                                                                                      |                       | City<br>Warwick                                                                                                                                                                                                        | State<br>Rhode Island              | Zip<br>02886 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                       |                                                                                                                                                                                                                        |                                    |              |     |
| Manager Name<br>Paul R. Merlino                                                                                                                                                                               |                       |                                                                                                                                                                                                                        | Manager Name                       |              |     |
| Street Address<br>117 Metro Center Boulevard, Suite 2007                                                                                                                                                      |                       |                                                                                                                                                                                                                        | Street Address                     |              |     |
| City<br>Warwick                                                                                                                                                                                               | State<br>Rhode Island | Zip<br>02886                                                                                                                                                                                                           | City                               | State        | Zip |
| Manager Name                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                        | Manager Name                       |              |     |
| Street Address                                                                                                                                                                                                |                       |                                                                                                                                                                                                                        | Street Address                     |              |     |
| City                                                                                                                                                                                                          | State                 | Zip                                                                                                                                                                                                                    | City                               | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |                       |                                                                                                                                                                                                                        |                                    |              |     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

128449

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|--------------------------------|--------------------|
| File Date                      | <b>FILED</b>       |
| Check No.                      | <b>OCT 10 2008</b> |
| By                             | <i>2480</i>        |
| By SECRETARY OF STATE USE ONLY |                    |

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.

Signature of Authorized Person

Date

Paul R. Merlino, Operating Manager

Print or Type Name of Authorized Person