RI SOS Filing Number: 200946093450 Date: 06/02/2009 1:48 PM

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

Fee: $20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000112651

2. Name of Corporation HEALTH AND EDUCATION LIABILITY PROGRAM, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 225 METRO CENTER BLVD.
City or Town: WARWICK State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HAVE THE POWER TO PURCHASE LIABILITY INSURANCE ON A GROUP BASIS TO COVER THE SIMILAR OR RELATED EXPOSURE OF THE CORPORATIONS' MEMBERS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	TOM TRAN	1065 AVE OF AMERICAS NEW YORK , NY 10018
PRESIDENT	MARC I COHEN	1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018- USA
DIRECTOR	JANE A. WILLIAMS	225 METRO CENTER BLVD. WARWICK, RI 02886
DIRECTOR	ZMARC COHEN	1065 AVE OF AMERICAS NEW YORK, NY 10018 USA
DIRECTOR	FREDERICA OCONNOR	100 SUNNYSIDE BLVD. WOODBURY , NY 11797 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JANE A. WILLIAMS 175 METRO CENTER BOULEVARD, SUITE 10 WARWICK , RI 02886-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 2 Day of June, 2009 at 1:49:56 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TOM TRAN
Signature of Officer of the Corporation

__ President or __ Vice President or __ Secretary or __ Assistant Secretary or

X Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07