

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

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

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(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000117372

- 2. Name of Corporation EmployeeMatters Insurance Agency, Inc.
- 3. Street Address Principal Business Office:

No. and Street: 999 ORONOQUE LANE

2ND FLOOR

City or Town: STRATFORD State: CT Zip: 06614 Country: USA

- 4. Business Phone No.
- 5. State of Incorporation

State: CT

6. Brief Description of the Character of Business Conducted in Rhode Island

TO PROVIDE INSURANCE AGENT AND BROKER SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address | |
|-----------------------|-----------------------------|--|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| SECRETARY | TYLER R COZZENS | 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043 US | |
| PRES/CEO | NORA DENZEL | 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043 USA | |
| VP/CFO/TREAS/DIRECTOR | JEFFREY P HANK | 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043 USA | |
| DIRECTOR | TYLER R COZZENS | 2700 COAST AVENUE MOUNTAIN VIEW, CA 94043 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|------------------------|--|--|
| CWP | | \$0.01 | 1,000.00 | 1000 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 21 Day of February, 2011 at 3:11:29 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 § 7-1.2.

By TYLER R. COZZENS

Signature of Authorized Representative of the Corporation

SECRETARY

Title

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. 630 Revised 09/07

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