



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

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

1. Corporate ID No. 124543		2. Name of Corporation RETIREE HEALTH BENEFITS, INC.			
3. Street Address Principal Business Office 202 MOHAWK TRAIL			City CRANSTON	State RI	Zip 02921
4. Business Phone No. 401-944-2070		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN AGENT OR BROKER IN PROVIDING INSURANCE PRODUCTS TO THE GENERAL PUBLIC.					
7. NAMES AND ADDRESSES OF THE OFFICERS; ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VINCENT F. CERILLI			Vice President Name VINCENT F. CERILLI		
Street Address 202 Mohawk Trail			Street Address 202 Mohawk Trail		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name VINCENT F. CERILLI			Treasurer Name VINCENT F. CERILLI		
Street Address 202 Mohawk Trail			Street Address 202 Mohawk Trail		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS; ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100 Shares	Class/Series Common	Par Value No Par Value

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.

**FILED**

File Date: FEB 13 2012

Check No. 2472

By: [Signature]

FOR 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: Vincent F. Cerilli  
Date: \_\_\_\_\_  
Print or Type Name: Vincent F. Cerilli  
Title: President