



**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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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

ANNUAL REPORT YEAR: 2012

1. ID No. 000687249

2. Exact Name of the Limited Liability Company Frenkel Benefits, LLC

3. State of Formation

State: NY

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Insurance Brokerage

5. Principal Office Address

No. and Street: 350 HUDSON STREET, 4TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10014 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JACQUELINE BEAUDET Contact Title: SECRETARY

No. and Street: 350 HUDSON STREET, 4TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10014 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CRAIG I HASDAY	118 ANDOVER ROAD ROCKVILLE CENTER, NY 11570 USA
MANAGER	LAWRENCE KIRSHNER	350 HUDSON STREET NEW YORK, NY 10014 USA
MANAGER	JAMES MATTHEWS	55 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	JOHN WINDOLF	55 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	EDWARD DOBBS	55 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	JOHN KELLY	350 HUDSON STREET NEW YORK, NY 10014 USA
MANAGER	MICHAEL ORIANS	55 EAST 52ND STREET NEW YORK, NY 10055 USA
MANAGER	STEPHEN KNUPP	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 21 Day of August, 2012 at 11:00:48 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CATHY DALY
Signature of Authorized Person

Form No. 632
Revised 09/07