Filing Fee \$50.00 Payable to: Secretary of State

Corporate ID: ___

PLEASE TYPE or PRINT

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

__ Annual Report for the year: __

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0000426

Ke 1821

Name of Business Entity:		ADMINIST	RATION SERVICES, I	NC.
Business entity organized under the laws of the State of:Rhode Island Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:		Business Entity is (check one): [x] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed:		
	200 Midway Road			
Phone: ()		Cranston, RI 02920		
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):		Brief statement of the character of business conducted in Rhode Island: Administrator of Employee Benefits Plans		
200 Midway Road		Administr	ator of Employee Benei	its rians
Cranston, RI 02920		<u> </u>		
	Date of Organization: 8-31-71			
Phone: (401) 942-8690		Date of Qualifica	tion to do business in Rhode Island	(if foreign entity):
THE N ☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One)	NAMES OF T	HE OFFICERS AR	E:	ZIP CODE
_		oriar Drive	Cranston, RI	02920
Philip I Campana CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) Valerie Campana CUSTODIAN OF RECORDS OR SECRETARY (Check One)	STREET AL	nors Hill	We. Warwick, RI	ZIP CODE 02893 ZIP CODE
		oriar Drive	Cranston, RI	02920
CHIEF FINANCIAL OFFICER OR TREASURER (Cheek One)	STREET AL		CITY/STATE Cranston PT	ZIP CODE 02920
111111111111111111111111111111111111111		oriar Drive HE DIRECTORS AI	Cranston, RI	02320
NAME	STREET AL		CITY/STATE	ZIP CODE
NAME	STREET AL	DDRESS	CITY/STATE	ZIP CODE
Name	STREET ADDRESS		CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHA	RES ISSUED AND OUTSTANDIN	G (If Applicable)
NUMBER 500		NUMBER 100)	
CLASS Common	CLASS Common			
SERIES		SERIES		
PAR VALUE OR WITHOUT PAR No-Par		PAR VALUE OR WITHOUT PAR	No-Par	
Date	By:	hilip J. Cumpai		
	TITLE OF	TEASUTET OFFICER SIGNING		
Form 31 1/94				
DESIGNATED REGISTERE				
PLEASE NOTE: If the Corporation has changed its registered	office and/or re	egistered or resident age	nt, Form 9 or Form LLC 3 must be t	filed.

PHILIP J. CAMPANA 200 MIDWAY ROAD, SUITE 169 CRANSTON RI 02920

