



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

3948342

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000542316		2. Exact name of the limited liability company MASSACHUSETTS BENEFIT ADMINISTRATORS LLC			
3. State of Formation MA		4. Brief description of the character of business conducted in Rhode Island MARKET AND SELL THIRD-PARTY EMPLOYEE BENEFIT ADMINISTRATION SERVICES.			
5. Principal office address LANDMARK CENTER 401 PARK DRIVE		City BOSTON	State MA	Zip 02215	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHEN O'GRADY		Contact Title CONSULTANT			
Street Address LANDMARK CENTER 401 PARK DRIVE		City BOSTON	State MA	Zip 02215	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ALLEN MALTZ		Manager Name ALAN ROSENBERG			
Street Address 401 PARK DRIVE		Street Address 401 PARK DRIVE			
City BOSTON	State MA	Zip 02215	City BOSTON	State MA	Zip 02215
Manager Name TIMOTHEY OBRIEN		Manager Name			
Street Address 401 PARK DRIVE		Street Address			
City BOSTON	State MA	Zip 02215	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 07 2012

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.

File Date _____

Check No _____

By: 3948342

Signature of Authorized Person

10/22/12
Date

ALLEN MALTZ

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY