**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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 789615 | Ascensus, Inc. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 2 Ridgedale Avenue | Cedar Knolls | NJ | 07927 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 215-648-7844 | Delaware |

6. Brief description of the character of business conducted in Rhode Island
Retirement Services

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROBERT GUILLOCHEAU | 200 DRYDEN RD | DRESHER | PA | 19025 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Folmer | 4135 Northfront Street | Harrisburg | PA | 17110 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JOSEPH DANSKY | 2 RIDGEDALE RD | Cedar Knolls | NJ | 07927 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Finn | 200 DRYDEN RD | DRESHER | PA | 19025 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JOSEPH DANSKY | 2 RIDGEDALE RD | Cedar Knolls | NJ | 07927 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Finn | 200 DRYDEN RD | DRESHER | PA | 19025 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

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| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| 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. | 1,000.00 | Common | $0.0100 |
| | | | |

*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.*

**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.**

1/15/14
Signature of Authorized Representative — Date

Joseph Dansky
Print or Type Name of Authorized Representative

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

**FILED**
JAN 16 2014
By 49-214989
A.A.

Form No. 630
Revised: 01/2012

RI200 - 02/10/2012 Wolters Kluwer Online