RI SOS Filing Number: 201448761250 Date: 10/23/2014 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the limited liability company		
507327	Cornerstone Retirement Advisors, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Provide advice and guidance in the selection and servicing of investment platforms for employer sponsored retirement programs.		
5. Principal office address	City	State	Zip
931 Jefferson Boulevard, Suite 3001	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Robert F. Calise	Manager		
Street Address	City	State	Zip
931 Jefferson Boulevard, Suite 3001	Warwick	RI	02886

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Robert F. Calise			James Sampson		
Street Address			Street Address		
931 Jefferson Boulevard, Suite 3001			931 Jefferson Boulevard, Suite 3001		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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

OCT 23 2014

BY

File Date _____

Check No _____

By: _____

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 of Authorized Person Date

Robert F. Calise

Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

112794-6-997094