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 2015

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
74506	Cornerstone Financial Group, Inc.

3. Principal office address	City	State	Zip
931 Jefferson Boulevard, Suite 3001	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
401-773-7000	Rhode Island

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

To administer employee benefits programs for clients.

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

President Name	Vice-President Name
Joseph E. Cardello	Robert F. Calise
Street Address: 931 Jefferson Boulevard, Suite 3001	Street Address: 931 Jefferson Boulevard, Suite 3001
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Secretary Name: Joseph E. Cardello	Treasurer Name: Robert F. Calise
Street Address: 931 Jefferson Boulevard, Suite 3001	Street Address: 931 Jefferson Boulevard, Suite 3001
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

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

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$1.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **FILED**

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.

2-4-2015
Signature of Authorized Representative — Date

Robert F. Calise
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

FEB 17 2015
BY 501558