



**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. <b>142726</b>		2. Exact name of the Corporation <b>TUFTS BENEFIT ADMINISTRATORS, INC.</b>			
3. Principal office address <b>705 MOUNT AUBURN STREET</b>			City <b>WATERTOWN</b>	State <b>MA</b>	Zip <b>02472-1508</b>
4. Business Phone No. <b>617 972-9400</b>			5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>THIRD PARTY ADMINISTRATOR</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>PLEASE SEE ATTACHED LIST</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <b>PLEASE SEE ATTACHED LIST</b>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1,000</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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

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.

Mary O'Toole Mahoney 2/12/15  
 Signature of Authorized Representative Date

MARY O'TOOLE MAHONEY  
 Print or Type Name of Authorized Representative

**FILED**

**FEB 17 2015**

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**BY** \_\_\_\_\_

**TUFTS BENEFIT ADMINISTRATORS, INC.**

**OFFICERS**

<u>Name</u>	<u>Office</u>
James Roosevelt, Jr., Esq.	Chief Executive Officer
Thomas A. Croswell	President and Chief Operating Officer
Lois Dehls Cornell, Esq.	Clerk, Chief Administrative Officer and General Counsel
Umesh Kurpad	Senior Vice President and Chief Financial Officer
Roland Price	Treasurer and Vice President
Mary O'Toole Mahoney, Esq.	Assistant Clerk

**BOARD OF DIRECTORS**

Thomas Croswell  
Umesh Kurpad  
James Roosevelt, Jr., Esq.

Address for all Officers & Directors:

705 Mount Auburn Street  
Watertown, MA 02472-1508

**FILED**

**FEB 17 2015**

**BY**

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