	State of Rhode Island a Office of the S	and Providence Pl Secretary of State		Fee: \$50.0	
	148 W. Providence	Business Services River Street RI 02904-2615 222 3040			
HOPE	(401)	222-3040			
Business Corporation Annual Report Siling Period: January 1 -					
	L. 7-1.2-1501(e), each corpora (30) days after the time prescr alty fee of \$25.00.				
ANNUAL REPORT YEA	R : <u>2016</u>				
1. Corporate ID No.	000912311				
2. Name of Corporation	on Senior Health Planning, In	<u>c.</u>			
3. Street Address Princ	ipal Business Office:				
-	149 PARK DRIVE RIVERSIDE	State: <u>RI</u> Zip: <u>029</u>	015 Country:	: <u>USA</u>	
4. Business Phone No.					
5. State of Incorporation	วท				
State: <u>RI</u>					
6. Brief Description of	the Character of Business C	onducted in Rhode Is	land		
Medicare/Health insura	nce related products				
7. Names and Address	es of the Officers and Directo	ors:			
	ctors must be listed. If office onger applicable; please de		ave been elected	, the title	
Title	Individual Nar		Address		
PRESIDENT	First, Middle, Last, S		Address, City or Town, State, Zip Code, Country		
			149 PARK DRIVE RIVERSIDE, RI 02915 USA		
8. Shares Authorized a	Ind Issued				
				Total Issued	
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized	and Outstanding	

		Shares Number of Shares	Num of Shares
CNP	\$0.0000	1,000.00	100

9. 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.

Signed this 2 Day of March, 2016 at 9:14:59 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JEFFREY LIPET

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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