



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 001339758

2. Exact Name of the Limited Liability Company Your Benefit Connection, LLC

3. State of Formation

State: AZ

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 52

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

EMPLOYEE BENEFITS CONSULTING

5. Principal Office Address

No. and Street: 14805 N 73RD STREET
City or Town: SCOTTSDALE State: AZ Zip: 85260 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHAEL COX Contact Title: VICE PRESIDENT OF FINANCE
No. and Street: 14805 N 73RD STREET
City or Town: SCOTTSDALE State: AZ Zip: 85260 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DUANE A. BOLWAR JR.	14805 N 73RD STREET SCOTTSDALE, AZ 85260 USA
MANAGER	CHARLES R DULEY	14805 N 73RD STREET

MANAGER	JOHN E PEDERSON	SCOTTSDALE, AZ 85260 USA 14805 N 73RD STREET SCOTTSDALE, AZ 85260 USA
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of September, 2016 at 6:10:27 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL COX
Signature of Authorized Person

Form No. 632
Revised 09/07