



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

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000160233

2. Name of Corporation Co-ordinated Benefit Plans, Inc.

3. Street Address Principal Business Office:

No. and Street: 18167 US 19 N, SUITE 180

City or Town: CLEARWATER

State: FL

Zip: 33763

Country: USA

4. Business Phone No.

7277999188

5. State of Incorporation

State: FL

ARTICLE III

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

NAICS Code

6

52

6. Brief Description of the Character of Business Conducted in Rhode Island

THIRD PARTY ADMINISTRATOR OF INSURANCE PLANS

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER M LYONS	18167 US 19 N, STE 180 CLEARWATER, FL 33764 USA
SECRETARY	LISA SHERIDAN	18167 US 19 N., STE 180

		CLEARWATER, FL 33764 USA
VICE PRESIDENT	RICHARD T JONES	18167 US 19 N, STE 180 CLEARWATER, FL 33764 USA
ASST VP CLIENT SVS	REBECCA SIVAK	18167 US 19 N, STE 180 CLEARWATER, FL 33764 USA
DIRECTOR	CHRISTOPHER LYONS	18167 US 19 N., STE 180 CLEARWATER, FL 33764 USA
DIRECTOR	SUZANNE WHALEN	18167 US 19 N, STE 180 CLEARWATER, FL 33764 USA
DIRECTOR	KEVIN LEYS	18167 US 19 N., STE180 CLEARWATER, FL 33764 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.0000	1,000.00	500

**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 3 Day of January, 2017 at 11:47:36 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 MARY LITTLEJOHN-GARBER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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