



**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. 000912398

2. Name of Corporation Towers Watson Retiree Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: ONE STAMFORD PLAZA
263 TRESSER PLAZA

City or Town: STAMFORD

State: CT

Zip: 06901

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

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

NAICS Code

6

81

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

CONSULTING & ADVISORY SERVICES PRIMARILY IN THE AREA OF EMPLOYER PAID
RETIREE
MEDICAL COVERAGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	MICHAEL ARCHER	ONE STAMFORD PLAZA,263 TRESSER PLAZA STAMFORD, CT 06901 USA
TREASURER	JOHN YIM	ONE STAMFORD PLAZA,263 TRESSER PLAZA STAMFORD, CT 06901 USA
SECRETARY	CINDY KING	ONE STAMFORD PLAZA,263 TRESSER PLAZA STAMFORD, CT 06901 USA
DIRECTOR	ROGER MILLAY	901 N. GLEBE ROAD ARLINGTON, VA 22203 USA
DIRECTOR	SHARON DUNN	1500 MARKET STREET, CENTRE SQUARE EAST PHILADELPHIA, PA 19102 USA
DIRECTOR	MICHAEL ARCHER	ONE STAMFORD PLAZA,263 TRESSER PLAZA STAMFORD, CT 06901 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		\$0.0100	1,000.00	1000

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 27 Day of January, 2017 at 4:32:15 PM. *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 KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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