



**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.** 000132967

**2. Name of Corporation** Ceridian Benefits Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 3201 34TH STREET SOUTH  
City or Town: ST. PETERSBURG

State: FL Zip: 33711 Country: USA

**4. Business Phone No.**

952-853-8100

**5. State of Incorporation**

State: FL

**ARTICLE III**

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

NAICS Code  681

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

OPERATING COMPANY FOR BENEFIT SERVICES BUSINESS

**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
DIRECTOR/TREASURER/VICE PRESIDENT	NICHOLAS D. CUCCI	3311 EAST OLD SHAKOPEE RD. MINNEAPOLIS, MN 55425 USA
PRESIDENT/DIRECTOR	WILLIAM BLOUGH	3201 34TH STREET SOUTH ST. PETERSBURG, FL 33711 USA

SVP/SECRETARY/ASSOC. GENERAL COUNSEL	WILLIAM E MCDONALD	3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425 USA
VICE PRESIDENT-CORPORATE TAX	TIMOTHY G FARLEY	3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425 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	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 1 Day of March, 2017 at 9:51:15 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 NICHOLAS D. CUCCI  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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