



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BUS. SVCS. DIV.
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1. Entity ID Number 001666075		2. Exact name of the Limited Liability Company Benefit Allocation Systems, LLC			
3. NAICS Code 52 - Finance and Insurance		4. Brief description of the character of business conducted in Rhode Island Employee Benefit Administration			
5. State of Formation PA					
6. Principal Office Address 132 Ivy Lane		City King of Prussia		State PA	Zip 19406
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Virginia F Gastner			Contact Title Sr Vice President		
Street Address 132 Ivy Lane			City King of Prussia		State PA
			Zip 19406		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Virginia F Gastner				Date 8/25/2017	
Signature of Authorized Person 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 632 - Revised: 08/20