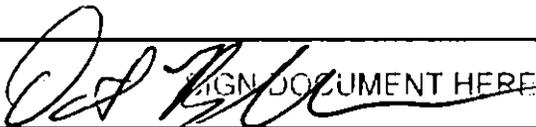




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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.

1. Entity ID Number 124088	2. Exact name of the Limited Liability Company Creative Solutions Group, Employee Benefits Specialist, LLC		
3. NAICS Code 524210	4. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY		
5. State of Formation RHODE ISLAND			
6. Principal Office Address 1272 WEST MAIN ROAD, BUILDING 1		City MIDDLETOWN	State RI
		Zip 02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name DAVID B. FRASER		Contact Title MANAGER	
Street Address 10 BARTON LANE, UNIT B		City MIDDLETOWN	State RI
		Zip 02842	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name DAVID B. FRASER		Manager Name	
Street Address 10 BARTON LANE, UNIT B		Street Address	
City MIDDLETOWN	State RI	Zip 02842	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 DAVID B. FRASER, MANAGER			Date 9/2/2018
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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 SEP 07 2018
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