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

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Annual Report for the year: 2017
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	2. Exact name of the Limited Liability Company		
001335619	**Core Cobra Administrators, LLC**		
3. NAICS Code **524210**	4. Brief description of the character of business conducted in Rhode Island **Record keeping for COBRA eligibility with group health plans**		
5. State of Formation **RI**			
6. Principal Office Address **20 Cypress Ct**	City **Dallas**	State **GA**	Zip **30132**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Barbara J. Barger**	Contact Title **President, Managing Partner**		
Street Address **20 Cypress Ct**	City **Dallas**	State **GA**	Zip **30132**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **n/a**			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 ☐

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 **Barbara J. Barger**	Date **10/9/2018**
Signature of Authorized Person Barbara J Barger	SIGN DOCUMENT HERE

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MAIL TO:
Division of Business Services
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FORM 632 - Revised: 10/2017