



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

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CORPORATIONS DIV

2018 OCT 24 AM 11:59

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 001335619		2. Exact name of the Limited Liability Company 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 6423.					
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 <i>Barbara J. Barger</i>				SIGN DOCUMENT HERE	

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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