



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2019

BY

10/24 DS

1. Entity ID Number 74506		2. Exact name of the Corporation Cornerstone Financial Group, Inc.			
3. Principal Office Address 931 Jefferson Boulevard, Ste. 3001			City Warwick	State RI	Zip 02886
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island To administer employee benefits programs for clients.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph E. Cardello			Vice-President Name Robert F. Callse		
Street Address 931 Jefferson Boulevard, Ste. 3001			Street Address 931 Jefferson Boulevard, Ste. 3001		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joseph E. Cardello			Treasurer Name Robert F. Callse		
Street Address 931 Jefferson Boulevard, Ste. 3001			Street Address 931 Jefferson Boulevard, Ste. 3001		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	No par value
11. 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. 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 Representative Robert F. Callse					Date
Signature of Authorized Representative 					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

FORM 630 - Revised: 10/2017