



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

Annual Report for the year: 2020
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE STAMP
 BUS SVCS DIV
 2020 MAY -1 PM 12:20

1. Entity ID Number 001091714		2. Exact name of the Corporation Select Benefits Group, Inc.			
3. Principal Office Address 75 W Towne Ridge Pkwy Tower 2 Suite 500			City Sandy	State Utah	Zip 84070
4. NAICS Code 524290		6. Brief description of the character of business conducted in Rhode Island Administrator of dental and vision insurance benefits			
5. State of Incorporation Utah					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark Coyne			Vice-President Name		
Street Address 75 W Towne Ridge Pkwy Tower 2 Suite 500			Street Address		
City Sandy	State Utah	Zip 84070	City	State	Zip
Secretary Name Brent Williams			Treasurer Name Brent Williams		
Street Address 75 W Towne Ridge Pkwy Tower 2 Suite 500			Street Address 75 W Towne Ridge Pkwy Tower 2 Suite 500		
City Sandy	State Utah	Zip 84070	City Sandy	State Utah	Zip 84070
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Brent Williams			Director Name		
Street Address 75 W Towne Ridge Pkwy Tower 2 Suite 500			Street Address		
City Sandy	State Utah	Zip 84070	City	State	Zip
Director Name Ben Williams			Director Name		
Street Address 75 W Towne Ridge Pkwy Tower 2 Suite 500			Street Address		
City Sandy	State Utah	Zip 84070	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6974424		wup	.001
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. <i>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.</i>					
Name of Authorized Representative Ben Williams					Date 04/22/2020
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE FILED</div>					

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

MAY 01 2020
 BY HTV25 **A.A.**
 12:22p.m.
 FORM 630 - Revised: 10/2017