

State of Rhode Island

## **Department of State - Business Services Division**

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Annual Report for the year: 2019
Limited Liability Company

2820 SEP 22 PM 4: 02

→ 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					
000557736	UNIVERSAL BENEFITS, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
524292	THIRD PARTY ADMIN					
5. State of Formation						
IOWA						
6. Principal Office Address			City	State	Zip	
4333 EDGEWOOD RD NE			CEDAR RAPIDS	IA	52499	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ATTN: CORPORATE SECRETARIAL			Contact Title			
Street Address 100 LIGHT STREET FL B1			City BALTIMORE	State MD	Zip 21202	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name JOSEPH NOONE			Manager Name			
Street Address 100 LIGHT STREET FL B1			Street Address			
City BALTIMORE	State MD	Zip 21202	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. The Resident Agent information currently of record with the RI Department of State is accurate. 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				Date	Date	
GREGORY E. MILLER-BREETZ				9/22/202	9/22/2020	
<del>- Gignature o</del> ńAuthorized Person						
Gryony E. Miller-Brus	47				_	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

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FORM 632 - Revised: 08/2020