State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

FILED

OCT 2 6 2020

BY 3917-1005992665 05

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 74506 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Joseph E. Cardello | | | Vice-President Name: Robert F. Calise | | |
| 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. Calise | | |
| 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 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 | Date |
|---|---|
| Robert F. Calise | 10/9/2020 |

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