



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

Annual Report for the year: 2020
Corporation

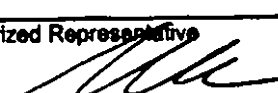
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

OCT 26 2020

BY

3917-1052265
OS

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 541811		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 Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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. Calise					Date 10/9/2020
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017