

FILED STAMP

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY_		

Entity ID Number	2. Exact name of the Limited Liability Company						
517166	Cornerstone Retirement Plan Administrators, LLC						
3. NAICS Code 541618	Brief description of the character of business conducted in Rhode Island The design and administration of employee benefit plans and any other lawful purpose.						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
931 Jefferson Boulevard, Suite 3001			Warwick	RI	02886		
7. Mailing Address of Limited Lia	ability Company	y and Name or Tit		<u> </u>			
Contact Name Robert F. Calise			Contact Title Manager				
Street Address 931 Jefferson Boulevard, Suite 3001			City Warwick	State RI	^{Zip} 02886		
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS		
Manager Name Robert F. Calise			Manager Name Joseph E. Cardello				
Street Address 931 Jefferson Boulevard, Suite 3001			Street Address 931 Jefferson Boulevard, Suite 3001				
City Warwick	State RI	Zip 02886	City Warwick	State RI	^{Zip} 02886		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		L		Check the box to i	ndicate 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 destatements, and that all states				ing any accompanyin	g schedules and		
Name of Authorized Person)		
Robert F. Calise					1/2020		
Signature of Authorized Person	W	7			<i>r</i>		

MAIL TO:

Division of Business Services

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

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