



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 4598		2. Name of Corporation Compensation Planning Inc.			
3. Street Address Principal Business Office 67 Jefferson Blvd.		City Warwick		State RI	Zip 02888
4. Business Phone No (401) 223-5555		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN AND ADMINISTRATION OF QUALIFIED RETIREMENT PLANS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey A. Brown			Vice President Name same as president		
Street Address 538 Middle Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name same as president			Treasurer Name same as president		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			500		no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-9-05
Check No.	10474
By:	ICB
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer: *Jeffrey A. Brown* Date: 2/7/05  
Print or Type Name of Officer: Jeffrey A. Brown  
Title of Officer: President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>4598</b>		2. Name of Corporation <b>Compensation Planning Inc.</b>			
3. Street Address Principal Business Office <b>67 Jefferson Blvd.</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>(401) 223-5555</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7286</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGN AND ADMINISTRATION OF QUALIFIED RETIREMENT PLANS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Jeffrey A. Brown</b>			Vice President Name <b>Same as President</b>		
Street Address <b>538 Nickle Rd</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Same as President</b>			Treasurer Name <b>Same as President</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>500</b>		<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date 1-21-04  
Check No. 10106  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**Jeffrey A. Brown**

Print or Type Name of Officer

**President**

Title of Officer

Date

**1/20/04**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

4598

2. Name of Corporation

Compensation Planning Inc.

3. Street Address Principal Business Office

67 Jefferson Boulevard

City

Warwick

State

RI

Zip

02888

4. Business Phone No

(401) 223-5555

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

Design & administration of qualified retirement plans

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jeffrey A. Brown

Vice President Name

Same as President

Street Address

538 Middle Rd.

Street Address

City

East Greenwich

State

RI

Zip

02818

City

State

Zip

Secretary Name

Same as President

Treasurer Name

Same as President

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

500

No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date: 1/20/03

Check No.: 9735

By: UP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Jeffrey A. Brown

Title of Officer

President

Date

1/20/03



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4598

2. Name of Corporation

Compensation Planning Inc.

3. Street Address Principal Business Office

67 Jefferson Boulevard

City

Warwick

State

RI

Zip

02888

4. Business Phone No.

(401) 223-5555

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

Design and administration of qualified retirement plans

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Jeffrey A. Brown

Vice President Name

Same as President

Street Address

538 Middle Road

Street Address

City

State

Zip

East Greenwich RI

02818

City

State

Zip

Secretary Name

Same as President

Treasurer Name

Same as President

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Jeffrey A. Brown

Director Name

Street Address

538 Middle Road

Street Address

City

State

Zip

East Greenwich RI

02818

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date: 2-19-02

Check No.: 9399

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Jeffrey A. Brown

2/14/02

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 4598 2. Name of Corporation Compensation Planning Inc.

3. Street Address Principal Business Office City State Zip  
67 Jefferson Boulevard Warwick RI 02888  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
(401) 223-5555 RHODE ISLAND 7288

7. Brief Description of the Character of Business Conducted in Rhode Island

Design and administration of qualified retirement plans

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
<u>Jeffrey A. Brown</u>	<u>Same as President</u>
Street Address	Street Address
<u>538 Middle Road</u>	
City State Zip	City State Zip
<u>East Greenwich, RI 02818</u>	
Secretary Name	Treasurer Name
<u>Same as President</u>	<u>Same as President</u>
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
<u>Jeffrey A. Brown</u>	
Street Address	Street Address
<u>538 Middle Road</u>	
City State Zip	City State Zip
<u>East Greenwich, RI 02818</u>	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 SHS NO PAR VAL</u>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>500</u>		<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date: 1/18

Check No.: 8987

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Jeffrey A. Brown  
Jeffrey A. Brown

Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4598

2. Name of Corporation

Compensation Planning Inc.

3. Street Address Principal Business Office

615 Jefferson Boulevard

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

(401) 738-8210

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

Design and Administration of Qualified Retirement Plans

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Jeffrey A. Brown

Vice President Name

Same as President

Street Address

538 Middle Road

Street Address

City

State

Zip

East Greenwich RI 02818

City

State

Zip

Secretary Name

Same as President

Treasurer Name

Same as President

Street Address

Street Address

City

State

Zip

City

State

Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Jeffrey A. Brown

Director Name

Street Address

538 Middle Road

Street Address

City

State

Zip

East Greenwich RI 02818

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

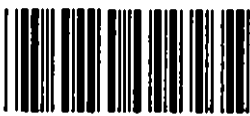
Class/Series

Par Value

500

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date: **PAID** *8470*

Check No.: **JAN 19 2000**

By: **SECY OF STATE**

FOR SECRETARY OF STATE USE ONLY

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.

*Jeffrey A. Brown* 1/17/2000  
Signature of Officer Date

Jeffrey A. Brown  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>4598</b>		2. Name of Corporation <b>Compensation Planning Inc.</b>	
3. Street Address Principal Business Office <b>615 JEFFERSON BLVD</b>		City <b>WARWICK</b>	State <b>RI</b>
4. Business Phone No. <b>738-8210</b>		Zip <b>02886</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0000 7286</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DESIGN + ADMINISTRATION OF QUALIFIED RETIREMENT PLANS</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>JEFFREY A BROWN</b>		Vice President Name <b>SAME</b>	
Street Address <b>538 MIDDLE RD</b>		Street Address	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>JEFFREY A BROWN</b>		Director Name <b>NONE</b>	
Street Address <b>538 MIDDLE RD</b>		Street Address	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS NO PAR VAL</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>500</b>		<b>NO PAR</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **1-8-99**

Check No.: **7969**

By: **1UP** **/2**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Jeffrey A Brown** Date: **12/29/98**

Print or Type Name of Officer: **JEFFREY A BROWN**

Title of Officer: **President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

4598

Compensation Planning Associates Incorporated

3. Street Address Principal Business Office

615 JEFFERSON BOULEVARD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

(401) 738-8210

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Design and administration of employee benefit plans and sale of insurance products

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Jeffrey A. Brown

Vice President Name

Jeffrey A. Brown

Street Address

615 Jefferson Blvd.

Street Address

615 Jefferson Blvd.

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Secretary Name

Jeffrey A. Brown

Treasurer Name

Jeffrey A. Brown

Street Address

615 Jefferson Blvd.

Street Address

615 Jefferson Blvd.

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR 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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date:

2-18-98

Check No.:

7452

By:

10P

FOR SECRETARY OF STATE USE ONLY

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.

Jeffrey A. Brown

Signature of Officer

2/16/98

Date

Jeffrey A. Brown

Print or Type Name of Officer

President

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4598

2. Name of Corporation

Compensation Planning Associates Incorporated

3. Street Address Principal Business Office

615 JEFFERSON BOULEVARD

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

(401) 738-8210

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Design and administration of employee benefit plans and sale of insurance products

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Jeffrey A. Brown

Vice President Name

Jeffrey A. Brown

Street Address

615 Jefferson Blvd.

Street Address

615 Jefferson Blvd.

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Secretary Name

Linda J. Spencer

Treasurer Name

Jeffrey A. Brown

Street Address

615 Jefferson Blvd.

Street Address

615 Jefferson Blvd.

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR 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

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 4 5 9 8 \*

File Date:

2-26-97

Check No.:

17015

By:

ILP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Jeffrey A. Brown

Print or Type Name of Officer

President

Title of Officer

Date

2/25/97

# PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 4598		2. NAME OF CORPORATION Compensation Planning Associates Incorporated			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 615 Jefferson Boulevard		CITY Warwick	STATE RI	ZIP CODE 02886	
4. BUSINESS PHONE NO. (401) 738-8210		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8888	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Design and administration of employee benefit plans and sale of insurance products					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Jeffrey A. Brown			VICE PRESIDENT NAME Jeffrey A. Brown		
STREET ADDRESS 615 Jefferson Blvd			STREET ADDRESS ← same		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
SECRETARY NAME Linda J. Spencer			TREASURER NAME Jeffrey A. Brown		
STREET ADDRESS 615 Jefferson Blvd.			STREET ADDRESS ← same		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL			500	Common	

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

Check No:

By:

For Secretary of State Use Only:

Signature of Officer

Jeffrey A. Brown

Print or Type Name of Officer

President

Title of Officer

2/23/96

Date

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0004598 Annual Report for the year: 1995

Name of Corporation: Compensation Planning Associates Incorporated

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

615 Jefferson Blvd.  
Warwick, RI 02886

Design and administration of employee benefit  
plans and sale of insurance products

Phone: (401) 738-8210

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Jeffrey A. Brown</u>	<u>615 Jefferson Blvd.</u>	<u>Warwick RI</u>	<u>02886</u>
VICE PRESIDENT <u>Jeffrey A. Brown</u>	<u>615 Jefferson Blvd.</u>	<u>Warwick, RI</u>	<u>02886</u>
SECRETARY <u>Linda J. Spencer</u>	<u>615 Jefferson Blvd.</u>	<u>Warwick, RI</u>	<u>02886</u>
TREASURER <u>Jeffrey A. Brown</u>	<u>615 Jefferson Blvd.</u>	<u>Warwick, RI</u>	<u>02886</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1,000 Class / Series Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 500 Class / Series Common

Date 1/23, 19 95

Jeffrey A. Brown  
PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JEFFREY A. BROWN  
615 JEFFERSON BLVD.  
WARWICK RI 02886

**FILED**

**MAR 08 1995**

cc 5991

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0004598

Annual Report for the year: 1994

Name of Business Entity: Compensation Planning Associates Incorp

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

615 Jefferson Blvd.

Warwick, RI 02886

Phone: (401) 738-8210

Business Entity is (check one):

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Jeffrey A. Brown, President  
Compensation Planning Associates, Inc.  
615 Jefferson Blvd.  
Warwick, RI 02886

Brief statement of the character of business conducted in Rhode Island:  
Design & administration of employee benefit plans  
and sale of insurance and insurance products

Date of Organization: 5/1/80

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:			
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeffrey A. Brown	615 Jefferson Blvd.	Warwick, RI	02886
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeffrey A. Brown	615 Jefferson Blvd.	Warwick, RI	02886
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda J. Spencer	615 Jefferson Blvd.	Warwick, RI	02886
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeffrey A. Brown	615 Jefferson Blvd.	Warwick, RI	02886
THE NAMES OF THE DIRECTORS ARE:			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 1,000

CLASS Common

SERIES -

PAR VALUE OR  
WITHOUT PAR No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 500

CLASS Common

SERIES -

PAR VALUE OR  
WITHOUT PAR No par value

Date 2/24 19 94

By:

Jeffrey A. Brown

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/94

By Mr 5506

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JEFFREY A. BROWN  
615 JEFFERSON BLVD.  
WARWICK RI 02886

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

4817 mme

Corporate ID 0004538

Annual Report for the year 1993

FIRST: The name of the corporation is Compensation Planning Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Design & administration of employee benefit plans & sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 615 Jefferson Blvd, #107  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Jeffrey A. Brown President 538 Middle Rd., East Greenwich, RI 02818

Jeffrey A. Brown Vice President 538 Middle Rd., East Greenwich, RI 02818

Linda J. Spencer Secretary 106 Elberta St., Warwick, RI 02889

Jeffrey A. Brown Treasurer 538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1,000

Common

PAID

MAR 02 1993

No par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

No par value

Dated 2/26 1993

Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Title

Jeffrey A. Brown  
President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

65 4304

Corporate ID 0004538

Annual Report for the year 1992

FIRST: The name of the corporation is Compensation Planning Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee benefit plans & sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 615 Jefferson Blvd., #107  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Jeffrey A. Brown

President

538 Middle Rd., East Greenwich, RI 02818

Jeffrey A. Brown

Vice President

538 Middle Rd., East Greenwich, RI 02818

Linda J. Spencer

Secretary

106 Elberta St., Warwick, RI 02889

Jeffrey A. Brown

Treasurer

538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1,000

Common

PAID

No par value

FEB 19 1992

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

No par value

Dated 2/17 19 92

Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Jeffrey A. Brown

Title

President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0004598 Annual Report for the year 1991FIRST: The name of the corporation is Compensation Planning Associates, IncorSECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is design and administration of employee benefit plans and sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 615 Jefferson Blvd., #107  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Jeffrey A. Brown

President

538 Middle Rd., East Greenwich, RI 02818Jeffrey A. Brown

Vice President

538 Middle Rd., East Greenwich, RI 02818Linda J. Spencer

Secretary

106 Elberta St., Warwick, RI 02889Jeffrey A. Brown

Treasurer

538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value1,000Commonno par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value500Commonno par valueDated 2/11 19 91Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Title

President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

187

Corporate ID 0004598

Annual Report for the year 1990

FIRST: The name of the corporation is Compensation Planning Associates, Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee benefit plans & sale of insurance and insurance products

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 615 Jefferson Blvd. #107  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI 02818
	Director	
	Director	
Jeffrey A. Brown	President	583 Middle Rd., East Greenwich, RI 02818
Jeffrey A. Brown	Vice President	" " " "
Linda J. Spencer	Secretary	41 Paine Rd., Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		no par value

Dated February 23 19 90

Compensation Planning Associates, Inc.  
(Name of Corporation)

By Jeffrey A. Brown

Title President

(Report must be signed by an officer)



## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903*gds*

Corporate ID 0004558

Annual Report for the year 1989

FIRST: The name of the corporation is Compensation Planning Associates Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design &amp; administration of employee benefit plans and sale of insurance &amp; insurance products

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 615 Jefferson Blvd., #107  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI 02818
	Director	
	Director	
Jeffrey A. Brown	President	538 Middle Rd., East Greenwich, RI 02818
Jeffrey A. Brown	Vice President	538 Middle Rd., East Greenwich, RI 02818
Linda J. Spencer	Secretary	41 Paine Rd., Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares

Class

1,000

Common

Par Value  
or statement that  
shares are without  
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

500

Common

Par Value  
or statement that  
shares are without  
par value

no par value

Dated February 10 1989

Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Title

President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID #1598

Annual Report for the year 1988

FIRST: The name of the corporation is Compensation Planning Associates, Inc.  
incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee  
benefit plans and sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 615 Jefferson Boulevard, # 107,  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI 02818
	Director	
	Director	
Jeffrey A. Brown	President	538 Middle Rd., East Greenwich, RI 02818
Jeffrey A. Brown	Vice President	538 Middle Rd., East Greenwich, RI 02818
Linda J. Spencer	Secretary	Paine Road, Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1,000	common

Series

Par Value  
or statement that  
shares are without  
par value

PAID

no par value

MAR 20 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class
500	common

Series

Par Value  
or statement that  
shares are without  
par value

no par value

Dated 2/8 1988

Compensation Planning Associates, Inc.

(Name of Corporation)

J. A. BROWN

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 4598

Annual Report for the year 1987

FIRST: The name of the corporation is Compensation Planning Associates, Inc.  
incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee  
benefit plans and sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 615 Jefferson Boulevard, # 107,  
Warwick, RI 02886-1357

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI 02818
	Director	
	Director	
Jeffrey A. Brown	President	538 Middle Rd., East Greenwich, RI 02818
Jeffrey A. Brown	Vice President	538 Middle Rd., East Greenwich, RI 02818
Linda J. Spencer	Secretary	Paine Road, Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Rd., East Greenwich, RI 02818

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common		no par value

Dated 2/12 19 87

Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 4598

Annual Report for the year 1986

FIRST: The name of the corporation is Compensation Planning Associates Inc.  
incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee  
benefit plans & sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 189 Canal Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Jeffrey A. Brown

Director

538 Middle Rd., East Greenwich, RI

Linda J. Spencer

Director

Paine Road, Foster, RI 02825

Director

Jeffrey A. Brown

President

538 Middle Rd., East Greenwich, RI

Jeffrey A. Brown

Vice President

538 Middle Rd., East Greenwich, RI

Linda J. Spencer

Secretary

Paine Road, Foster, RI 02825

Jeffrey A. Brown

Treasurer

538 Middle Rd., East Greenwich, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

1,000

common

----

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

----

no par value

Dated 2/11 19 86

Compensation Planning Associates, Inc.

(Name of Corporation)

By

Title

President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 4598

Annual Report for the year 1985

FIRST: The name of the corporation is Compensation Planning Associates Inc.  
incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design & administration of employee  
benefit plans & sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 189 Canal Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI
Linda J. Spencer	Director	Paine Road, Foster, RI 02825
	Director	
Jeffrey A. Brown	President	538 Middle Rd., East Greenwich, RI
Jeffrey A. Brown	Vice President	538 Middle Rd., East Greenwich, RI
Linda J. Spencer	Secretary	Paine Road, Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Rd., East Greenwich, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common	---	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common	---	no par value

Dated 2/25 19 85

Compensation Planning Associates, Inc.

(Name of Corporation)

RECEIVED MAR 1985

By

Title President

(Report must be signed by an officer)

Compensation Planning Associates Incorporated  
JEFFREY A. BROWN  
189 CANAL STREET  
PROVIDENCE RI

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is Compensation Planning Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Design and administration of employee benefit plans & sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

189 Canal Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Jeffrey A. Brown	Director	538 Middle Rd., East Greenwich, RI
Linda J. Spencer	Director	Paine Road, Foster, RI 02825
	Director	
Jeffrey A. Brown	President	538 Middle Rd., East Greenwich, RI
Jeffrey A. Brown	Vice President	538 Middle Rd., East Greenwich, RI
Linda J. Spencer	Secretary	Paine Road, Foster, RI 02825
Jeffrey A. Brown	Treasurer	538 Middle Road, East Greenwich, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common	---	no par value

Dated:

February 3 1984  
SM  
62661214

COMPENSATION PLANNING ASSOCIATES INC.  
(Name of Corporation)

By

Title

Jeffrey A. Brown  
PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is Compensation Planning Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Design and administration of employee benefit plans and the sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 189 Canal Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Jeffrey A. Brown	Director	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Director	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Director	Paine Road, Foster, RI
Jeffrey A. Brown	President	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Vice President	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Secretary	Paine Road, Foster, RI
John W. Corbishley, Sr.	Treasurer	14 Lambie Circle, Portsmouth, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	----	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common	2 10 83	no par value

Dated: February 9 1983

Compensation Planning Associates, Inc.

(Name of Corporation)

FEB 14 1983

By: *Jeffrey A. Brown*  
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is Compensation Planning Associates,  
Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Design and administration of  
employee benefit plans and the sale of insurance and insurance products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 189 Canal Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Jeffrey A. Brown	Director	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Director	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Director	Paine Road, Foster, RI
Jeffrey A. Brown	President	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Vice President	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Secretary	Paine Road, Foster, RI
John W. Corbishley, Sr.	Treasurer	14 Lambie Circle, Portsmouth, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	----	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common	----	no par value

Dated: February 16 1982

Compensation Planning Associates, Inc.  
(Name of Corporation)

By

Title

President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 877-3040



Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

Compensation Planning Associates Incorporated

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Compensation Planning Associates Incorporated.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 189 Canal Street, Providence, RI 02903  
and the name of its registered agent in Rhode Island at such address is Jeffrey A. Brown.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Design and administration of employee benefit plans and the sale of insurance and insurance products.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Jeffrey A. Brown	Director	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Director	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Director	Paine Road, Foster, RI
	Director	
	Director	
	Director	
Jeffrey A. Brown	President	538 Middle Road, East Greenwich, RI
John W. Corbishley, Sr.	Vice President	14 Lambie Circle, Portsmouth, RI
Linda J. Spencer	Secretary	Paine Road, Foster, RI
John W. Corbishley, Sr.	Treasurer	14 Lambie Circle, Portsmouth, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share Statement that Shares are without Par Value
1,000	Common	---	No par value

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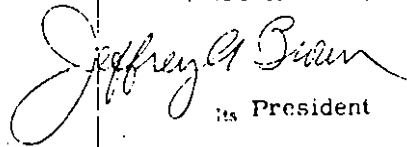
EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
500	common	---	No par value

Dated February 25 , 19 81

Compensation Planning Associates, Inc.  
(NAME OF CORPORATION)

By

  
President