



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

FOR
SECRETARY OF STATE
USE ONLY

2023 MAR - 8 A 8: 56

1. Entity ID Number 001724195		2. Exact name of the Corporation Benefits Enriched Inc.			
3. Principal Office Address 50 Lagoshen Drive			City Moscow	State TN	Zip 38057
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Provide Employee Benefits			
5. State of Incorporation TN					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Shawn King			Vice-President Name Thomas J. Hannon, III		
Street Address 50 Lagoshen Drive			Street Address 50 Lagoshen Drive		
City Moscow	State TN	Zip 38057	City Moscow	State TN	Zip 38057
Secretary Name Thomas J. Hannon, III			Treasurer Name Shawn King		
Street Address 50 Lagoshen Drive			Street Address 50 Lagoshen Drive		
City Moscow	State TN	Zip 38057	City Moscow	State TN	Zip 38057
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2 Common with 0.01 par		
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.					
<i>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.</i>					
Name of Authorized Representative Shawn King				Date 02.09.23	
Signature of Authorized Representative <i>Shawn King</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *[Signature]* JMJVZ
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