

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

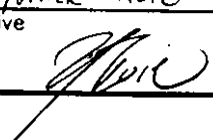
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
DEPT. OF STATE
MAR 30 2023

2023 MAR 30 A 11:14

1. Entity ID Number 001705803		2. Exact name of the Corporation FAMILY ESSENTIAL BENEFITS	
3. Principal Office Address 269 NORTHUP STREET		City CRANSTON	State RI
		Zip 02905	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island SALE OF LIFE INSURANCE		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name YOMER RUIZ		Vice-President Name YOMER RUIZ	
Street Address 269 NORTHUP STREET		Street Address 269 NORTHUP STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02905		Zip 02905	
Secretary Name YOMER RUIZ		Treasurer Name YOMER RUIZ	
Street Address 269 NORTHUP STREET		Street Address 269 NORTHUP STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02905		Zip 02905	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name YOMER RUIZ		Director Name	
Street Address 269 NORTHUP STREET		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02905		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		1,250	CNP
			10.00
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 YOMER RUIZ		Date 11/22/22	
Signature of Authorized Representative 			

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

MAR 30 2023
BY **X70LKK**

FORM 630 - Revised: 11/2021

A.A. 11:17 A.M.