



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
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  
R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

2023 MAR 30 A 11:14

1. Entity ID Number 001705803		2. Exact name of the Corporation FAMILY ESSESTIAL BENEFITS INC.	
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)			
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)			
Director Name YOMER RUIZ		Director Name	
Street Address 269 NORTHUP STREET		Street Address	
City CRANSTON	State RI	City	State
Zip 02905		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,250	CNP
			PAR VALUE
			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 X70XX

A.A. 11.16 A.M.