



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.

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| | | | |
|---|-------------|--|-------------|
| 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 |
| 4. NAICS Code 524210 | | 5. State of Incorporation RHODE ISLAND | |
| 6. Brief description of the character of business conducted in Rhode Island SALE OF LIFE INSURANCE | | | |
| 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. | | | |
| Changes require an additional filing. | | | |
| 10. Shares Issued | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| NUMBER OF SHARES 1,250 | | CLASS/SERIES 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.govMAR 30 2023
BY X70XX

A.A. 11.16 A.M.

FORM 630 - Revised: 11/2021