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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2023

→ 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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2023 OCT -4 P 1: 07

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000150291	Mercer Health & Benefits Administration LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541990	Business consulting services					
5. State of Formation			· .•	:		
Delaware			* . *	•		
6. Principal Office Address	<u> </u>	City		State	Zip	
1166 Ave of the Americas		New York		NY	10036	
7. Mailing Address of Limited L	iability Company and Name or Titl	e of Contact Person				
Contact Name Marina Soroker		Contact Title Tax Specialist				
Street Address 1166 Avc of the Americas		City New York		State NY	Zip 10036	
	tion currently of record with the RI					
9. Under penalty of perjury, I	declare and affirm that I have e ments contained herein are true	xamined this report,				
Name of Authorized Person				Date		
Dan Teristi ·				08/21/2023		
Signature of Authorized Persor	<u> </u>					
on Tent						

FILED

OCT - 4 2023 By 36-66

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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