

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

2020

Limited Liability Company

→ 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 | 2. Exact name of the Limited Liability Company | | | |
|---|---|-------------------------------|------------------------|--------------------|
| 000150291 | Mercer Health & Benefits Administration LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 541990 | Business consulting services | | | |
| 5. State of Formation | | | | |
| Delaware | | | • | |
| 6. Principal Office Address | | City | State | Zip |
| 1166 Ave of the Americas | | New York | NY | 10036 |
| 7. Mailing Address of Limite | ed Liability Company and Name or | Title of Contact Person | | <u> </u> |
| Contact Name Marina Soroker | | Contact Title Tax Specialist | | |
| Street Address 1166 Avc of the Americas | | City New York | State NY | Zip 10036 |
| 8. The Resident Agent info | rmation currently of record with the | RI Department of State is acc | urate. Changes require | e filing Form 642. |
| 9. Under penalty of perius | ry, I declare and affirm that I hav tatements contained herein are | e examined this report, inclu | iding any accompany | ving schedules and |
| Name of Authorized Person | | | Date | |
| Dan Teristi | | | 08/21/2023 | |
| Signature of Authorized Pe | rson | | | |
| the Tait | | | | |

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MAIL TO:

Division of Business Services

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

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