

State of Rhode Island Department of State - Business Services Division

FILED

MAR 2 8 2024

Annual Report for the year: 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.

2024

1. Entity ID Number	2. Exact name of the Limited Liability Company				
517166	Cornerstone Reti	Cornerstone Retirement Plan Administrators, LLC			
3. NAICS Code 541618	The design and adm	Brief description of the character of business conducted in Rhode Island The design and administration of employee benefit plans and any other lawful purpose.			
5. State of Formation Rhode Island	lawful purpose.				
6. Principal Office Address		City	State	Zip	
81 Crest Drive		Cranston	RI	02921	
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person			
Contact Name Robert F. Calise		Contact Title Manager			
Street Address 81 Crest Drive		City Cranston	State RI	^{Zip} 02921	
8. The Resident Agent info	mation currently of record with the	RI Department of State is acc	curate. Changes requir	re filing Form 642.	
	ry, I declare and affirm that I hav tatements contained herein are		iding any accompan	ying schedules and	
Name of Authorized Person			Date		
Robert F. Calise			3/9/24		
Signature of Authorized Pe	rson				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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