RI SOS Filing Number: 202567689780 Date: 3/18/2025 4:00:00 PM

State of Rhode Island

Department of St	ate - Busines	s Services D	Division	i FILEL	,	7		
Annual Report for the year: Corporation -			: MAR 1 8	2025		-		
→ Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f		led by May 31.		BY <u>43</u>	<u> </u>	L		
1. Entity ID Number	2. Exact name of the Corporation							
104161	Altus Systems, Inc.							
3. Principal Office Address			City		State RI		Zip 02904	
10 Charles Street				Providence			02904	
4. NAICS Code 524114	6. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation	Providing, administering & underwriting health & employee benefit pl							
Rhode Island	programs; investing in & owning subsidiary & affiliated corporations							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment 🗹				
President Name Joseph R. Perroni			Vice-President Name n/a					
Street Address 10 Charles Street			Street Address					
^{City} Providence	State RI	^{Z_{ip}} 02904	City		State		Zip	
Secretary Name William R. Lar	Treasurer Name Richard A. Fritz							
Street Address 30 Exchange Terrace			Street Address 10 Charles Street					
City Providence	State RI	^{Zıp} 02903	City Prov	ridence	State F	RI	^{Zip} 02904	
8. List ALL directors (names and a	Check the box to indicate an attachment 🗹							
Director Name Thomas P. Enr	Director Name Diana Franchitto							
Street Address 1052 Main Street			Street Address 1085 North Main Street					
^{City} Warren	State RI	^{Zip} 02885	City Prov		1	રા	^{Zip} 02806	
Director Name Christine Gadbois			Director Name Jonathan W. Hail					
Street Address 400 Massasoit Ave.; Suite 113			Street Address 3 Reverie Lane					
City East Providence	State RI	^{Zip} 02914	City Linco	oln	State F	₹।	Zip 02904	
		10. Shares Issu				achment PAR VALUE		
This information is currently of record in the Department of State.		30		CWP		\$100,000		
Changes require an additional filing.								
11. This report must be executed o	on behalf of the cor	Foration by an au	thorized rep	resentative. If the corpor	ation is ii	n the hand	ls of a re-	
ceiver 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					Date 03/ 4 /25			
·							·	
Signature of Authorized Represent	Tative	<u> </u>						
MAIL TO:	/							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

Attachment to 2024 Annual Report

7. Officers (cont.)

Assistant Secretary Melissa Gennari

10 Charles Street

Providence, RI 02903

Assistant Treasurer Duane Easter

10 Charles Street

Providence, RI 02903

8. Director (cont.)

Peter C. Hayes 146 Westminster Street Providence, RI 02903

Junior Jabbie 582 Great Road, Suite 101 North Smithfield, RI 02896

Colin P. Kane 20 Newman Ave., - Ste 1005 Rumford, RI 02916

Marc A. Paulhus One Citizens Plaza, 12th Fl Providence, RI 02904

Heather A. Provino 461 Main Street – Suite A East Greenwich, RI 02818

James V. Rosati One Beacon Centre Warwick, RI 02886

Steven Issa 40 Westminster Street Providence, R1 02903 Michael F. Sabitoni 410 South Main Street Providence, RI 02903

Edwin J. Santos 825 Chalkstone Avenue

Providence, RI 02908

Mark A. Shaw 40 Van Wickle Lane Bristol, RI 02809

Elizabeth L. Catucci 6 Blackstone Valley Place Lincoln, RI 02865