RI SOS Filing Number: 202574242390 Date: 5/30/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

2025

FILED : MAY 3 0 2025 02

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.

1. Entity ID Number	Exact name of the Limited Liability Company Cornerstone Retirement Plan Administrators, LLC Brief description of the character of business conducted in Rhode Island The design and administration of employee benefit plans and any other			
517166				
3. NAICS Code				
541618				
5. State of Formation	lawful purpose.			
Rhode Island				
6. Principal Office Address		City	State	Zip
81 Crest Drive		Cranston	RI	02921
7. Mailing Address of Limited	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 inform	ation currently of record with the	RI Department of State is accur	rate. Changes require	e filing Form 642.
	I declare and affirm that I have tements contained herein are t	· · · · · · · · · · · · · · · · · · ·	ing any accompany	ing schedules and
Name of Authorized Person			Date / /	
Robert F. Calise		5/1/25		
Signature of Authorized Ders			· ·	

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MAIL TO:

Division of Business Services

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

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