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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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STAMP

1. Entity ID Number 001724195		2. Exact name of the Corporation Benefits Enriched Inc.			
3. Principal Office Address 50 Lagoshen Drive			City Moscow	State TN	Zip 38057
4. NAICS Code 541618	6. Brief description of the character of business conducted in Rhode Island Provide employee benefits				
5. State of Incorporation Tennessee					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shawn King			Vice-President Name Thomas J. Hannon, III		
Street Address 50 Lagoshen Drive			Street Address 50 Lagoshen Drive		
City Moscow	State TN	Zip 38057	City Moscow	State TN	Zip 38057
Secretary Name Thomas J. Hannon, III			Treasurer Name Shawn King		
Street Address 50 Lagoshen Drive			Street Address 50 Lagoshen Drive		
City Moscow	State TN	Zip 38057	City Moscow	State TN	Zip 38057
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			2	Common Share	\$0.01 par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver 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 Shawn King					Date
Signature of Authorized Representative Shawn King					FILED

JUN 11 2025
BY **3403**
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