



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

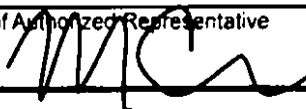
- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

2025 OCT 27 P 12:15

1. Entity ID Number 001720369		2. Exact name of the Corporation Premier Employee Benefits of New England, Inc.			
3. Principal Office Address 475 George Washington Highway, Suite 201			City Smithfield	State RI	Zip 02917
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Employee Benefits Insurance Agency			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Melissa Clynes			Vice-President Name		
Street Address 475 George Washington Hwy, Suite 201			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Melissa Clynes			Treasurer Name Melissa Clynes		
Street Address 475 George Washington Hwy, Suite 201			Street Address 475 George Washington Hwy, Ste 201		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000		\$01
Changes require an additional filing.					
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.					
<i>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.</i>					
Name of Authorized Representative Melissa Clynes					Date 10/23/2025
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

OCT 27 2025
 BY 5B5H9

FORM 630- Revised: 04/2023