State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2025 OCT 27 P 12:15

STAMP
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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.

1. Entity ID Number	2. Exact name of the Corporation		
001720369	Premier Employee Benefits of New England, Inc.		
3. Principal Office Address	City	State	Zip
475 George Washington Highway, Suite 201	Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
524210	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	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.

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
Melissa Clynes	10/23/2025

Signature of Authorized Representative

12:16 pm

FILED
OCT 27 2025
BY SBSH9

KM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 04/2023