



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2611  
401.222.3044

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by  
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85069	2. Name of Corporation Meridien Benefits Group, Inc.
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3. Street Address Principal Business Office 10 Dorrance Street, Suite 524	City Providence	State RI	Zip 02903
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4. Business Phone No. 401-272-7070	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island  
Providing Design, Administrative and Actuarial Consulting Services to Qualified Retirement Plans.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Passananti, Vincent J.			Vice President Name Balasco, Michael L.		
Street Address 10 Dorrance Street, Suite 524			Street Address 10 Dorrance Street, Suite 524		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

Secretary Name Balasco, Michael L.			Treasurer Name Passananti, Vincent J.		
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Street Address 10 Dorrance Street, Suite 524			Street Address 10 Dorrance Street, Suite 524		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Passananti, Vincent J.			Director Name Balasco, Michael L.		
Street Address 10 Dorrance Street, Suite 524			Street Address 10 Dorrance Street, Suite 524		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

Director Name			Director Name		
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Street Address			Street Address		
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00 Par Value	200	Common Stock	\$1.00

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.

*V. J. Passananti* 1/29/2008  
Signature Date

Vincent J. Passananti  
Print or Type Name  
President  
Title

**FILED**  
File Date  
Check No. **JAN 30 2008**  
By **DS - 20085**  
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