RI SOS Filing Number: 202327603960 Date: 2/3/2023 4:00:00 PM

(DR)
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State of Rhode Island

Department of State - Business Services Division

FILED

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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Entity ID Number	2. Exact name of the Corporation							
000104162	The Altus Group, Inc.							
3. Principal Office Address			City		State	Zip		
10 Charles Street			Providend	ce	RI	02904		
4. NAICS Code	6. Brief descript	ion of the characte	er of business c	onducted in Rhode	Island			
524114	Providing, administering and underwriting health and employee benefits plans							
5. State of Incorporation	and programs; investing in and owning subsidiary and affiliated corporations.							
Rhode Island								
7. List ALL officers (names and add	resses)				the box to ir	ndicate an attachment 🗷		
President Name Joseph R. Perr	Joseph R. Perroni			Vice-President Name n/a				
Street Address 10 Charles Street			Street Address					
^{City} Providence	State RI	^{Zip} 02904	City		State	Zıp		
Secretary Name William R. Landry, Esq.			Treasurer Name Richard A. Fritz					
Street Address 30 Exchange Terrace			Street Address 10 Charles Street					
^{City} Providence	State RI	^{Zip} 02903	^{City} Providence		State RI	^{Zip} 02904		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Thomas P. Enright, DMD			Director Name Francis J. Flynn					
Street Address 1052 Main Street			Street Address 356 Smith Street					
^{City} Warren	State RI	^{Z_{IP}} 02885	City Providence		State RI	^{Z_{ip}} 02908		
Director Name Christine Gadbo	Director Name Jonathan W. Hall							
Street Address 400 Massasoit Ave., Suite 113			Street Address 3 Reverie Lane					
^{City} East Providence	State RI	^{Zip} 02914	City Lincoln		State RI	^{Zip} 02865		
9. Shares Authorized		10. Shares Issu NUMBER OF		Check CLASS/SERII		ndicate an attachment PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		1,000	STK			\$0.00		
		1,000		\$0.00				
11. This report must be executed or					oration is in t	he 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								
William R. Landry						1/2 2		
Signature of Authorized Remesantative								
_ will	7							

MAIL TO:

Division of Business Services

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

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

Attachment to 2023 Annual Report

7. Officers (cont.)

Assistant Secretary Melissa Gennari

10 Charles Street

Providence, RI 02903

8. Director (cont.)

Peter C. Hayes 146 Westminster Street Providence, RI 02903

Junior Jabbie 582 Great Road, Suite 101 North Smithfield, RI 02896

Colin P. Kane 20 Newman Ave., - Ste 1005 Rumford, Rl 02916

Marc A. Paulhus One Citizens Plaza, 12th FI Providence, RI 02904

Heather A. Provino 461 Main Street - Suite A East Greenwich, RI 02818

James V. Rosati One Beacon Centre Warwick, RI 02886

Steven Issa 40 Westminster Street Providence, RI 02903 John T. Ruggieri 7 Jackson Walkway Providence, RI 02903

Edwin J. Santos 825 Chalkstone Avenue Providence, RI 02908

Mark A. Shaw 40 Van Wickle Lane Bristol, RI 02809

Elizabeth L. Catucci
6 Blackstone Valley Place
Lincoln, RI 02865