



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
Corporation _____

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 NOV -7 P. 2:09

1. Entity ID Number 000294000		2. Exact name of the Corporation ULTRABENEFITS, INC.			
3. Principal Office Address 22 ELM STREET SUITE 110			City WORCESTER	State MA	Zip 01608
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island EMPLOYEE BENEFIT ADMINISTRATION OF SELF WELFARE BENEFIT PLANS			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES BUSHEY			Vice-President Name		
Street Address 22 ELM ST. SUITE 110			Street Address		
City WORCESTER	State MA	Zip 01608	City	State	Zip
Secretary Name			Treasurer Name TODD BAILEY		
Street Address			Street Address 10 CHESTNUT STREET		
City	State	Zip	City WORCESTER	State MA	Zip 01608
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD BURKE			Director Name		
Street Address 10 CHESTNUT STREET			Street Address		
City WORCESTER	State MA	Zip 01608	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1500		STK/A	0
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 JAMES BUSHEY				Date 8/16/2023	
Signature of Authorized Representative 					

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

FILED

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BY ML CE 2X4
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FORM 630- Revised 04/2023