## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	n the instructions to the Form 5500	0-SF.		, , , , , , , , , , , , , , , , , , ,	
	art I Annual Report Ident							
For	calendar plan year 2011 or fiscal pla		<u>11</u>	and ending 1	2/31/2	<u>.011</u>		
Α .	This return/report is for:	single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В .	This return/report is:	e first return/report	the final r	eturn/report				
	an	amended return/report	a short pla	n year return/report (less than 12 mo	onths)			
C	Check box if filing under:	orm 5558	automatic	extension		DFVC progra	m	
_	The state of the s	ecial extension (enter description	on)					
Pa		<b>on</b> —enter all requested inform	,					
	Name of plan	Chici all requested inform	lation		1b	Three-digit		
	P M. TRUPIANO DO INC. 401(K) PI	ROFIT SHARING PLAN				plan number		
	. ,					(PN) <b>▶</b>	001	
					1c	Effective date of	•	
		<del> </del>				01/01		
	Plan sponsor's name and address; i IP M. TRUPIANO DO INC.	nclude room or suite number (e	employer, if	for a single-employer plan)		Employer Identif		
						(=114)		
					20	Sponsor's telep		
	TANIFORD STREET, 2ND FLOOR VIDENCE, RI 02905				2d		see instructions)	
						62111		
3a	Plan administrator's name and addre	ess (if same as plan sponsor, e	enter "Same	:")	3b	Administrator's I	EIN	
PHILI	P M. TRUPIANO DO INC.	33 STANIFO PROVIDENC		T, 2ND FLOOR			98522	
		PROVIDENC	JE, KI 0290		3c	Administrator's t	elephone number	
4	If the name and/or EIN of the plan s	nonsor has changed since the	last return/	report filed for this plan, enter the	4b			
•	name, EIN, and the plan number from		iast rotarry	report med for this plan, enter the	TO LIN			
а	Sponsor's name				4c PN			
5a	Total number of participants at the b	beginning of the plan year			5a			
b	Total number of participants at the	end of the plan year			5b			
С	Number of participants with account	t balances as of the end of the	plan year (	defined benefit plans do not	_			
	complete this item)				5c			
	'	, , ,		(See instructions.)			X Yes No	
b				ndent qualified public accountant (IQF ons.)			X Yes No	
				SF and must instead use Form 550			□ .ss □	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	547465			556789	
b	Total plan liabilities							
С	Net plan assets (subtract line 7b fro			547465			556789	
8	Income, Expenses, and Transfers for			(a) Amount		(b) T	otal	
а	Contributions received or receivable							
	(1) Employers		. 8a(1)					
	(2) Participants		8a(2)	16500				
	(3) Others (including rollovers)		. 8a(3)					
b	Other income (loss)		. 8b	-1703				
С	Total income (add lines 8a(1), 8a(2)	, 8a(3), and 8b)	. 8c				14797	
d	Benefits paid (including direct rollov	•	0-1					
_	to provide benefits)							
e	Certain deemed and/or corrective d	,		5473				
f	Administrative service providers (sa	,		3473				
g	Other expenses						E 470	
h	Total expenses (add lines 8d, 8e, 8f	•					5473	
ĺ	Net income (loss) (subtract line 8h f	,					9324	
J	Transfers to (from) the plan (see ins	structions)	· 8j					

Form	5500	SF	201

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Part IV	Plan	Characteris	tics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):	13c(2) EIN(s) 13c			3c(3)	PN(s)		
								-
<b>0</b>	A manufaction that late and manufaction (Plane of the Control of t				-1 1			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					- L-I -	- 0 - 1	ماريام
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/09/2012	PHILIP M. TRUPIANO DO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos 1210-0110 1210-0089

2011

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<u>Pa</u>		Identification Information	<u>ሊያ የ</u> ይህ ታል	0.1	<del></del>	2/21/2011
For	calendar plan year 2011 or fis		01/01/2			12/31/2011
A T	his return/report is for:   a single-employer plan   a multiple-employer plan (not multiemployer)					a one-participant plan
BT	his return/report is:	the first return/report	turn/report			
		an amended return/report	a short plai	n year return/report (less than 12 mo	oriths)	
C	Check box if filing under	Form 5558	automatic	extension		DFVC program
	v was same					
Pa	rt II Basic Plan Info	rmation—enter all requested information—	ation			***************************************
_	Name of plan			:	1b	Three-digit
PH.	ILIP M. TRUPIANO I	DO INC. 401(K) PROFIT S	HARING	PLAN		plan number 001
						(PN) VOT
						21/01/2002
2a	Plan soonsor's name and ad	dress; include room or suite number (e	mployer, If	for a single-employer plan)	2b	Employer Identification Number
	LLIP M. TRUPIANO I					(EIN) 68-0498522
		and the second second			2c	Sponsor's telephone number
33	STANLFORD STREET,	2ND FLOOR				401-421-8800
-		RI 02905				Business code (see instructions)
	DVIDENCE	7.5	1			621111 Administrator's EIN
3a PH	Plan administrator's name ar LLIP M. TRUPIANO I	nd address (If same as plan sponsor, er DO INC.	nter Same	<b>}</b>	20	Administrators EIN 68-0498522
	STANIFORD STREET.					Administrator's telephone number
PRO	OVIDENCE	RI 02905				401-421-8800
4		plan sponsor has changed since the to ober from the last return/report.	ast return/r	eport filed for this plan, enter the	4b	EIN
a	Sponsor's name	noet normals toot return epons		ļ	4c	PN
		af the beginning of the plan year			5a	1
ь	Total number of participants	at the end of the plan year			5b	1
		account balances as of the end of the p				
	complete this item)	palegorous - 14 the sa hr appropression to a series of a contract the contract to the contract		- principal manageria and a state of the manageria and the control of the control	5c	
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See Instructions.)		Yes No
b	Are you claiming a waiver of	the annual examination and report of a community (See instructions on waiver eligibility)	an indepen erd conditio	dent qualified public accountant (IQ)	PA)	X Yes No
	If you answered "No" to e	ther 6a or 6b, the plan cannot use F	orm 5500-l	SF and must instead use Form 55	00.	
Pa	rt III Financial Inform			4		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
a	Total plan assets	보고 등 보라는 문서 근처 등 도시 현대를 보고 있다. 보고 등 보다는 말을 들어 하게 되었다. 그 있다. 그 그 있다. 그 등 다른 바로 보고를 하고 보다 그 나라다.	7a	54746	5	556789
b	Total plan liabilities	elikirinin kun kan mamana anaka mulya pilaka hidus hidus maka mana ka mana ka mulya inggi gigin hidus ka mana Kanana mulya mamana manaka mulya mana pilaka hidus hidus mana ka mana ka mana ka mulya inggi gigin hidus ka ma	7b			
C	Net plan assets (subtract line	e 7b from line 7a)	7c	54746	55	556789
8	income, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or re-		Sa(1)			
		ر موسوم در المرافق به معاولة والمرافقة والمرافقة والمرافقة والموافقة والمرافقة والمرافقة والمرافقة والمرافقة والم		1650	00	
			1			
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			-170	13	
	, ,	), 8a(2), 8a(3), and 8b)				14797
C d		t rollovers and insurance premiums	- 30			
44		enter transferielle site server i separat completation est	8d		4	
e	Certain deemed and/or com	ective distributions (see instructions)	80		_	
f	Administrative service provide	ders (salaries, fees, commissions)	. 8f	547	[3]	
g	Other expenses		. 8g		_	
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	. 8h		4	5473
ì	Net income (loss) (subtract i	line 8h from line 8c)	. 81		$\bot$	9324
Ì		(see instructions)	1 70			
For	apenyork Reduction Act Notice and	OMB Control Numbers, see the instructions for	Form 5500-8	f.		Form 5800-SF (2011) v.012611

	Ŧ	orm 5500-SF 2011 Page 2 -						
T.	t IV	Nine Alexandra Salar					<del></del>	
		Plan Characteristics  plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cher					41	
	2E	2G 2J 2K 3D	acten	SUC CE	xoes in	the instruc	aons:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterisi	ic Cod	les in ti	ne instructio	ons:	
Pari	V	Compliance Questions						
10		ng the plan year:		Yes	No		Amount	
a	29 (	there a failure to transmit to the plan any participant contributions within the time period described in DFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		ж			
b	Were on lin	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
C	Was	the plan covered by a fidelity bond?	10c		X			
d	Did to or dis	he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		х			*************
æ	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See untions.)	10e		х			
f.	Has	the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did ti	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		х			**********
h	If this 2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		х			
i	If 10i	n was answered "Yes," check the box if you either provided the required notice or one of the policy to providing the notice applied under 29 CFR 2520,101-3	101					
art		Pension Funding Compliance	,,,,	·	<del>ان</del>			<del></del>
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr ))	plete	Sched	ule SB	(Form	Yes	∏ No
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
a	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver	ctions,	and e	nter the	e date of th	e letter ru Year	ling
If		empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
þ	Enter	the minimum required contribution for this plan year.	and the second	ــا بد.	12b			
C		the amount contributed by the employer to the plan for this plan year			12c		<del></del>	
ď	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left- live amount)	of a		12d			
	1	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art		Plan Terminations and Transfers of Assets						
13a		resolution to terminate the plan been adopted in any plan year?			¥6	es X No	<u>}.</u>	
		s," enter the amount of any plan assets that reverted to the employer this year						
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?			ntrol		Yes	No No
C		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify it assets or liabilities were transferred. (See instructions.)	ve plar	ı(s) to	WT-14			
1	3c(1) l	Name of plan(s):		130	(2) EIN	l(s)	13c(3)	PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.