## 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).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 1	2/31/2	2011					
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is: the first return/report	eturn/report is:							
	an amended return/report	an year return/report (less than 12 mo	onths)						
С	Check box if filing under: X Form 5558	automatio	extension		DFVC program				
Ū	special extension (enter description	n)							
Pá	Part II Basic Plan Information—enter all requested information								
	Name of plan	ttiO11		1b	Three-digit				
	INC. RETIREMENT PLAN				plan number				
					(PN) ▶ 001				
				1c	Effective date of plan 01/01/2000				
22	Plan sponsor's name and address; include room or suite number (er	nnlover if	for a single-employer plan)						
	INC.	ripioyer, ii	Tot a single-employer plant	20	Employer Identification Number (EIN) 05-0445946				
				2c	Sponsor's telephone number				
491 \	WATERMAN AVENUE				401-438-0707				
	T PROVIDENCE, RI 02914-2415			2d	Business code (see instructions)				
	Plan administrator's name and address (if same as plan sponsor, enter "Same")				541990				
3a CEI,	Plan administrator's name and address (if same as plan sponsor, en INC. 491 WATERM			3b	Administrator's EIN 05-0445946				
OLI,	EAST PROVIDE			3c	Administrator's telephone number				
					401-438-0707				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DNI				
5a	ponsor's name  Total number of participants at the beginning of the plan year			5a					
b		Total number of participants at the beginning of the plan year							
C	Number of participants with account balances as of the end of the plant			5b					
	complete this item)			5c					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No				
b	, ,				X Yes □ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· · ·		<u>N</u> Tes [] NO				
Pa	art III Financial Information	1111 0000	or and mast motera ase rorm ook	<del>, , , , , , , , , , , , , , , , , , , </del>					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	433593		484826				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	433593	484820					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		44655						
	(1) Employers	8a(1)	44033						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	0570						
b	Other income (loss)	8b	6578		51233				
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			51233				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract line 8h from line 8c)	8i			51233				
j	Transfers to (from) the plan (see instructions)	8j							

Page <b>2</b> -	1		
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Part IV   Plan Characteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	in the plan provides wellare benefits, effer the applicable wellare realtire codes from the class of t	ian Gharastonat			io motraci	.0110.	
Part	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period de 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)			X			
С	Was the plan covered by a fidelity bond?	10c	X				75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?			X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance can insurance service or other organization that provides some or all of the benefits under the plan? instructions.)	(See		X			
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		Χ			_
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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						
art	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))					Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of					Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to Enter the minimum required contribution for this plan year			12b			
	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 negative amount)	to the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	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	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	), identify the plar	n(s) to				
1	3c(1) Name of plan(s):		<b>13c(2)</b> EIN(s) <b>13c(3</b> )				<b>)</b> PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable cau	se is	establi	shed.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examin Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of it is true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature. 09/04/2012 LERON	Y F. A. DAILEY J	R.				

SIGN	Filed with authorized/valid electronic signature.	09/04/2012	LEROY F. A. DAILEY JR.
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

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	dance with	the Instructions to the Form 5500	-SF.			
Part I Annual Report Identification Information				12/31/2011		
For calendar plan year 2011 or fiscal plan year beginning	01/01/2					
A This return/report is for: X a single-employer plan	-employer plan (not multiemployer) eturn/report	-	a one-participant plan			
B This return/report is:						
an amended return/report	nths)	······································				
C Check box if filing under:	automatic	extension	Ĺ	DFVC program		
special extension (enter descripti	on)					
Part II Basic Plan Information—enter all requested inform	nation					
1a Name of plan				Three-digit plan number		
CEI, INC. RETIREMENT PLAN				(PN) • 001		
			1c	Effective date of plan		
2a Plan sponsor's name and address; include room or suite number (	employer if	for a single-employer plan)	2b	Employer Identification Number		
CEI, INC.	<b>-</b>	The state of the s		(EIN) 05-0445946		
			2c	Sponsor's telephone number		
491 WATERMAN AVENUE				401-438-0707		
2001. 042				Business code (see instructions)		
EAST PROVIDENCE RI 02914-2415		#h		541990 Administrator's EIN		
3a Plan administrator's name and address (if same as plan sponsor, CEI, INC.	enter "Same	• )		05-0445946		
491 WATERMAN AVENUE EAST PROVIDENCE RI 02914-2415				Administrator's telephone number 401 - 438 - 0707		
4 If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN		
name, EIN, and the plan number from the last return/report.			A.c.	nni .		
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			5a	3		
		1	<u>5b</u>	3		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).				3		
6a Were all of the plan's assets during the plan year invested in eligi				X Yes No		
b Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQI	PA)	a. a.		
under 29 CFR 2520.104-46? (See instructions on walver eligibility	and condit	ions.)		X Yes ∐ No		
If you answered "No" to either 6a or 6b, the plan cannot use Part III Financial Information	-orm ออบบ-	SF and must instead use Form 550	70.			
7 Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year		
a Total plan assets	7a	43359	3	484826		
b Total plan liabilities	1					
C Net plan assets (subtract line 7b from line 7a)	1	43359	3	484826		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a Contributions received or receivable from:				14.20 A. 1879		
(1) Employers	ŧ	4465	긔.			
(2) Participants	1					
(3) Others (including rollovers)						
b Other income (loss)		657		51233		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	<u> </u>		31233		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Parameter Annual Control of Contr		SAL TOTAL SALES		
e Certain deemed and/or corrective distributions (see instructions)						
f Administrative service providers (salaries, fees, commissions)				and the second		
g Other expenses	_					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0		
i Net income (loss) (subtract line 8h from line 8c)	8i	Standard Lands		51233		
j Transfers to (from) the plan (see instructions)			1 .			
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for		E		Form 5600-SF (2011) v.012611		

F	orm 5500-SF 2011
David IV	Plan Characteristics

Ph. / 15 /			
Part IV	Plan	Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

Page 2 ~

b	If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of Plan	Characterist	ic Cod	es in th	ne instruc	ctions:			
Part	V Compliance Questions									
10							Amou	nt		
а	a 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)							****************		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transactions rep	orted 10b		Х					
С	Was the plan covered by a fidelity bond?	,,	10c	Х				7	5000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was caused by	raud		х		····			
е										
f	Has the plan failed to provide any benefit when due under the plan?	***************************************	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye			<u> </u>	х					
_	If this is an individual account plan, was there a blackout period? (See in		109		х	1.3			<del>,</del>	
•••	2520.101-3.)		10h		۷۶.					
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3		101			:				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? 5500)).	(If "Yes," see instructions a	nd complete	Sched	lule SB	(Form		Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requir							Yes	X No	
-	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				٠.					
	If a waiver of the minimum funding standard for a prior year is being amorganting the waiver,	ortized in this plan year, see	Month	, and e	enter th Day	e date o	f the lette Year	er rulir	ng	
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to I	ne 13.	r		r	·			
b	b Enter the minimum required contribution for this plan year				12b					
C	C Enter the amount contributed by the employer to the plan for this plan year				12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)				12d		- —			
e	Will the minimum funding amount reported on line 12d be met by the fur	iding deadline?	***************************************			Yes	No		N/A	
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************			Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year		13a						
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another plan, or b	ought under	the co	ontrol			Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), id	entify the pla		<u></u>					
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)				3c(3)	PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report w	ill be assessed unless rea	sonable ca	use is	establ	ished.				
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t , it is true, correct, and complete.	clare that I have examined	his return/re	port, ir	cluding	g, if appli	icable, a y knowle	Sche edge a	dule and	
۰۰۰۰	SN 5/3//2 LEROY F.				A. DAILEY JR.					
SIG		<i>'</i> /	ne of individ	individual signing as plan administrator						
				A. DAILEY JR.						
SIGI HER		ne of individ	ual sio	nino as	s employ	er or pla	n spo	nsor		