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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

- CHOIGH D	Complete all entr	ies in accordance with the	instructions to the Form 550	0-SF.	-1-	
Part I	Annual Report Identification Inforr	nation				
For calend	ar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2	2012	
	turn/report is for: X a single-employer pla		loyer plan (not multiemployer)		a one-participa	ant plan
B This ref	turn/report is: the first return/report	the final return	report			
	an amended return/re	eport a short plan yea	ar return/report (less than 12 m	onths)		
C Check	box if filing under: Form 5558	automatic exte	nsion		DFVC program	n
	special extension (en	ter description)				
Part II	Basic Plan Information—enter all requ					
1a Name		ested iniornation		1h	Three-digit	
	ETIREMENT PLAN			15	plan number	
OLI, IIVO. IVI	THE THE TENT				(PN) •	001
				1c	Effective date of	plan
					01/01/2	
2a Plan s CEI, INC.	ponsor's name and address; include room or sui	te number (employer, if for a	single-employer plan)	2b	Employer Identific (EIN) 05-0445	
404 104 755	SNAAN AVENUE			2c	Sponsor's telepho	
	RMAN AVENUE VIDENCE, RI 02914-2415			2d	Business code (se	
				24	541990	
3a Plan a	dministrator's name and address Same as Pla	an Sponsor Name Same	as Plan Sponsor Address	3b	Administrator's EI	IN
EI, INC.		1 WATERMAN AVENUE	4.0445	30	Administrator's te	
	Ε/	AST PROVIDENCE, RI 0291	4-2415	36	401-438-	•
	name and/or EIN of the plan sponsor has change		t filed for this plan, enter the	4b	EIN	
name	e, EIN, and the plan number from the last return/re		t filed for this plan, enter the			
name a Spons	e, EIN, and the plan number from the last return/resor's name	eport.		4c		2
a Spons 5a Total	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the pla	eport.		4c 5a		3
name	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year	eport. an yearr		4c		3
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the pla	eport. an year re end of the plan year (define	ed benefit plans do not	4c 5a		
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan yea over of participants with account balances as of the	eport. n year re end of the plan year (define	ed benefit plans do not	4c 5a 5b 5c	PN	3
name a Spons 5a Total b Total c Numb comp 6a Were b Are ye	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define sted in eligible assets? (See nd report of an independent	ed benefit plans do not instructions.)qualified public accountant (IC	4c 5a 5b 5c	PN	3 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define sted in eligible assets? (See nd report of an independent /er eligibility and conditions.)	ed benefit plans do not instructions.)qualified public accountant (IC	4c 5a 5b 5c	PN	3
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name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pens SB or Sche	e, EIN, and the plan number from the last return/near's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define	instructions.)	4c 5a 5b 5c PPA)	PN 5500. established. ncluding, if applical	3 X Yes No X Yes No Dole, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define	instructions.)	4c 5a 5b 5c PPA) Formuse is port, int, and	PN 5500. established. ncluding, if applical	3 X Yes No X Yes No Dole, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define	instructions.)	4c 5a 5b 5c PPA) Formuse is port, irt, and it	5500. established. ncluding, if applicate to the best of my k	3 X Yes No X Yes No Dole, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define sted in eligible assets? (See and report of an independent ver eligibility and conditions.) e plan cannot use Form 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the stem of t	instructions.)	4c 5a 5b 5c PPA) Formuse is port, irt, and it	5500. established. ncluding, if applicate to the best of my k	3 X Yes No X Yes No Dole, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define sted in eligible assets? (See and report of an independent ver eligibility and conditions.) e plan cannot use Form 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the plan cannot use Toma 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the plan year.	instructions.) qualified public accountant (IC instructions.) qualified public accountant (IC instructions.) qualified public accountant (IC instructions.) instructions. instructi	4c 5a 5b 5c PPA) Formuse is port, ir t, and	5500. established. ncluding, if applicate to the best of my keeping as plan administration.	3 X Yes No X Yes No Dole, a Schedule thowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number from the last return/resor's name number of participants at the beginning of the plan number of participants at the end of the plan year of participants with account balances as of the lete this item)	eport. an year e end of the plan year (define sted in eligible assets? (See and report of an independent ver eligibility and conditions.) e plan cannot use Form 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the plan cannot use Form 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the plan cannot use Form 55 is return/report will be asset instructions, I declare that ctuary, as well as the electron of the plan year (define steeped in the plan year	instructions.)	4c 5a 5b 5c 5c PPA) Formuse is port, in t, and it JR. Itual signal signa	5500. established. ncluding, if applicate to the best of my keeping as plan administration.	3 X Yes No X Yes No Dole, a Schedule chowledge and
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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End c	f V	ar		
<u>,</u>	Total plan assets	7a	(a) Beginning of Tea				(b) End of Year 532663			3	
	Total plan liabilities	7b	70702	.0					00200	<u> </u>	
	Net plan assets (subtract line 7b from line 7a)	7c	48482	26				-	3266	2	
	Income, Expenses, and Transfers for this Plan Year	70		.0			(b) Ta		13200	<u>, </u>	
	Contributions received or receivable from:		(a) Amount		(b) T			ıaı			
	(1) Employers	8a(1)	4459	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	324	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47837	7	
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									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4783	7	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	•			•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	1	۱me	nt		
a		tions withi	n the time period described in	1	103	110	· '	AIIIC	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of					X					
	instructions.)			10e		1					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
112											
12							No				
14						^	.10				
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ı ed	·		
	Enter the minimum required contribution for this plan year	•				12b					
	= are minimum required contribution for this plant year										

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	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding 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 employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		t Identification Information								
For calend	ar plan year 2012 or	fiscal plan year beginning 0	1/01/2012	and ending	12/31/2012					
A This re	turn/report is for:	🗓 a single-employer plan] a multiple-employer p	lan (not multiemployer)) a one-participant plan					
B This ref	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC program					
	_	special extension (enter descript	ion)							
Part II	Basic Plan Inf	ormation—enter all requested inform								
1a Name					1b Three-digit					
CEI, I	NC. RETIREME	NT PLAN			plan number					
					(PN) 1001 1c Effective date of plan					
					01/01/2000					
2a Plans CEI, I		ddress; include room or suite number (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 05 - 0445946					
491 WA	TERMAN AVENUI	7			2c Sponsor's telephone number					
ADI MV	IERMAN AVENOI	-			401-438-0707					
EAST P	ROVIDENCE	RI 02914-2415		i	2d Business code (see in 541990	istructions)				
	dministrator's name	and address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b Administrator's EIN					
CEI, I	NC.				3c Administrator's teleph	one number				
491 WA	TERMAN AVENUI	Σ			401-438-0707	one number				
EZST D	ROVIDENCE	RI 02914-2415								
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4b EIN						
a Spons	or's name				4c PN					
5a Total i	number of participant	s at the beginning of the plan year			5a	3				
b Total	number of participant	s at the end of the plan year			5b	3				
		account balances as of the end of the			5c	3				
6a Were	all of the plan's asse	ts during the plan year invested in eligi	ble assets? (See instruc	tions.)	Х	Yes No				
b Are yo	ou claiming a waiver	of the annual examination and report of	f an independent qualifie	d public accountant (IQI	PA)					
		6? (See instructions on waiver eligibility either line 6a or line 6b, the plan can				Yes No				
		or incomplete filing of this return/re								
Under pena	alties of perjury and o	ther penalties set forth in the instructio	ns, I declare that I have	examined this return/rep	port, including, if applicable, a	a Schedule				
SB or Sche	edule MB completed a true, correct, and con	and signed by an enrolled actuary, as v	vell as the electronic ver	sion of this return/report	, and to the best of my know	ledge and				
SIGN	fil.			LEROY F. A. DA	AILEY JR.	•				
HERE	Signature of plan	administrator	Date 5/8/17	Enter name of individu	ual signing as plan administr	ator				
SIGN	411			LEROY F. A. DA	DY F. A. DAILEY JR.					
HERE		oyer/plan sponsor	Date 5/2/12	Enter name of individu	ual signing as employer or pl	lan sponsor				
Preparer's	name (including firm	name, if applicable) and address; inclu	de room or suite numbe	r (optional)	Preparer's telephone numb					
				ļ						

Pa	rt III Financial Information		*,· <u>.</u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	. 7a		8482	26		532663		
b	Total plan liabilities	. 7b	- "						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	4	8482	26		532663		
8	Income, Expenses, and Transfers for this Plan Year	Parties.					(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	-	4459	90	The State of the S			
	(2) Participants	8a(2)	*						
	(3) Others (including rollovers)	8a(3)			Pagi				
b	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	324	17				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	XSF3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.55	7		47837		
	Benefits paid (including direct rollovers and insurance premiums						grand and the market		
	to provide benefits)	8d	ļ			<u> </u>			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				A STATE			
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	. 8f							
<u>g</u>	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		W			0		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	New Self-Charles against a later and fice for the con- ception of the control of	. * *			47837		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
b Par	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	the instructions:		
10	During the plan year:				Yes	No	Amount		
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)						Х	12		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		Х			
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	s of vear e	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		Х			
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i					
Part	VI Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SE	3 (Form Yes No		
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding				_	-	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		*****		50,511	32 01			
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ig amortiz	ed in this plan year, see instruc	ctions,	and e	nter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year				T	12b			
							······		

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	Enter the amount contributed by the employer to the plan for this plan year	12c	<u> </u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N	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 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>	-	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		☐ Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	•		
1	3c(1) Name of plan(s):	3c(2) ⊟	IN(s)	13c(3) PN	(s)
				<u> </u>	
Part	VIII. Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		