## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

**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

2016

This Form is Open to **Public Inspection** 

Parti	Annual Repor	t identification information	11			
For calend	ar plan year 2016 or	fiscal plan year beginning 04/01/	2016	and ending 03	3/31/2017	
Δ This re-	turn/report is for:	X a single-employer plan		olan (not multiemployer) ( employer information in ac		
A IIIISTE	tum/report is ior.	a one-participant plan	a foreign plan	iomi mandonona.)		
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t .		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
	Ü	special extension (enter desc			bi vo piogram	
Dort II	Basis Blan Inf		. ,			
Part II		formation—enter all requested in	ntormation		46	
1a Name RHODE ISL PLAN		ON MANAGEMENT GROUP, INC.	& AFFILIATES, INC. 401(I	K) PROFIT SHARING	1b Three-digit plan numbe (PN) ▶	r 001
					1c Effective da	te of plan 4/01/1985
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			entification Number 5-0495815
		nce, country, and ZIP or foreign pos ON MANAGEMENT GROUP, INC.		structions)	2c Sponsor's te	elephone number -739-8300
					2d Business co	de (see instructions)
400 LINCOL WARWICK,						41600
WARWICK,	KI 02000					
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrato	or's EIN
					3C Administrato	or's telephone number
					Administrate	or a telephone number
		he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN	
<del></del>		ts at the beginning of the plan year			5a	96
					5b	96
		ts at the end of the plan yearh account balances as of the end o				
				•	5c	94
<b>d(1)</b> Tot	al number of active p	participants at the beginning of the p	olan year		5d(1)	76
		participants at the end of the plan ye			5d(2)	77
		at terminated employment during th			5e	C
		e or incomplete filing of this retu			use is established	l.
		other penalties set forth in the instru				
	true, correct, and cor	and signed by an enrolled actuary, mplete.	as well as the electronic v	ersion or this return/repor	t, and to the best o	i my knowiedge and
SIGN		d/valid electronic signature.	11/03/2017	STEPEHN A. CARDI I	I	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as emp	lover or plan sponsor
Preparer's		name, if applicable) and address (			Preparer's teleph	

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes [	No No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								res [	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						_		Not detern	nined
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		623150					10547313	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	9	623150	)				10547313	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			169816						
	(1) Employers	8a(1)		514152						
-	(2) Participants	8a(2)		15031	_					
	(3) Others (including rollovers)	8a(3)	1	021592						
	Other income (loss)	8b			-				1720591	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1720001	
	to provide benefits)	8d		796428						
e	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							796428	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							924163	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H									
b	If 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 benefits.	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х					32226
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	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	he require	d notice or one of the	10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Rep	ort Identification Information	dance with the mst	uctions to the Form :	5500-SF.	
For calendar plan year 2016	or fiscal plan year beginning	04/01/2016	and ending	03/31/20:	17
A This return/report is for:  B This return/report is:	a single-employer plan  a one-participant plan the first return/report	a multiple-employer a list of participating a foreign plan the final return/report	plan (not multiemploye employer information	er) (Filers checking to in accordance with to	his box must attach
C Check box if filing under:	an amended return/report  To Form 5558  special extension (enter description)	automatic extension	urn/report (less than 1:	2 months)	rogram
Part II Basic Plan	nformation enter all requested information				
1a Name of plan	struction Management Group,		toe Inc	1b Three-digit plan numb	
401(k) Profit Sh	aring Plan	ino. W Allilia	ices, inc.	(PN) ▶ 1c Effective d	
2a Plan sponsor's name (e Mailing Address (include	mployer, if for a single-employer plan) a room, apt., suite no. and street, or P.O. Bo	av)		04/01/1 2b Employer I	985 dentification Number
City or town, state or pro	ovince, country, and ZIP or foreign postal co	de (if foreign, see in:	structions)	(EIN) 05	-0495815
Rhode Island Con	struction Management Group,	Inc. &			telephone number 39-8300
400 Lincoln Aven	ue			2d Business of 541600	ode (see instructions)
US Warwick RI 02888					
oa Fian administrators nan	ne and address 🗓 Same as Plan Sponsor			3b Administrat	tor's EIN
4 If the name and/or EIN on name, EIN, and the plan	f the plan sponsor has changed since the la number from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name	The last retaining port.			Ac DN	
	ants at the beginning of the plan year			. 5a	96
b Total number of participa	ints at the end of the plan year	***************************************	***************************************	. 5b	96
<ul> <li>Number of participants w</li> </ul>	rith account balances as of the end of the pl	an year (only defined	contribution plans	5c	94
d(1) Total number of active	participants at the beginning of the plan year	ar	************************	. 5d(1)	76
d(2) Total number of active	participants at the end of the plan year	***************************************	***************************************		77
e less than 100% vested	nat terminated employment during the plan			. 5e	0
Caution: A penalty for the I	ate or incomplete filing of this return/rep	ort will be assesse	d unless reasonable o	cause is establishe	d.
Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and		s, I declare that I have all as the electronic vo	e examined this return ersion of this return/rep	report, including, if a port, and to the best of	applicable, a Schedule of my knowledge and
SIGN	n al &		Stephen A. Car	di II	
HERE Signature of plan a	administrator	Date 113 17	Enter name of individ	ual signing as plan a	dministrator
SIGN		<b></b>	Stephen A. Car	di II	
Preparer's name (including fit	pyer/plan sponsor rm name, if applicable) and address (include	Date 11 3 12	Enter name of individ	Preparer's teleph	
Skip this question	and address (Illulus	o som or state name.	res y	Skip this que	

-	Form 5500-SF 2016		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?					***		Wyon D		
b	Are you claiming a waiver of the annual examination and report of a	n indeper	ndent qualified public acc	ounts	nt (IO	DAY			X Yes		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condit	ions.)						X Yes		
С	If you answered "No" to either line 6a or line 6b, the plan cannot fit the plan is a defined beautiful in a second	ot use Fo	rm 5500-SF and must in	nstea	d use	Form	5500.				
100000	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA sec	tion 4	021)?	******	. Ye	s N	o Not determ		
F	art III Financial Information										
-	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year		
a	Total plan assets	7a	9,6	523,	150				10,547,313		
<u>b</u>	Total plan liabilities	7b									
8	Net plan assets (subtract line 7b from line 7a)	7c	9,6	23,	150				10,547,313		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b)	Total		
_	(1) Employers	8a(1)	1	69,8	316						
_	(2) Participants	8a(2)		14,1							
_	(3) Others (including rollovers)	8a(3)		15,0	-						
b	Other income (loss)	8b	1.0	21,5		100					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				The state of the s			1,720,591		
d	Benefits paid (including direct rollovers and insurance premiums			O SEAR	Witness .				1,720,591		
_	to provide benefits)	8d	7	96,4	128						
f	Certain deemed and/or corrective distributions (see instructions)	8e							1.16		
	Administrative service providers (salaries, fees, commissions)	8f						4 - 1			
9	Other expenses	8g	200 X PART DOLLARS IN CONTROL OF SAFE VALUE								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					796,428				
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the state of			8			924,163		
-	Transfers to (from) the plan (see instructions)	8j									
-	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	les from the List of Plan (	Chara	cterist	ic Co	des in t	he instruc	ctions:		
-	2A 2E 2F 2G 2J 2K 2T 3D 3H			1							
Sec. 1											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cl	haract	eristic	Code					
		ture code	s from the List of Plan Cl	haract	eristic	Code					
Pa	rt V Compliance Questions	ture code	s from the List of Plan Cl	haract	eristic	Code					
Pa	rt V Compliance Questions  During the plan year:			haract	Yes						
Pa	rt V Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions.	ions within	n the time period	haract			es in th		ons:		
Pa	Preserved to the plan and participant contributions of the plan and participant contributions of the plan and policy volumes of the plan and policy volumes. The plan and policy volumes of the plan and policy volumes.	ions withii	n the time period duciary Correction	haract		No	es in th		ons:		
Pa 10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	ions withii untary Fid	n the time period duciary Correction	10a			es in th		ons:		
Pa 10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest?	ions within	n the time period duciary Correction	10a	Yes	No	es in th		ons:		
Pa 10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	ions within untary Fig (Do not i	n the time period duciary Correction nclude transactions		Yes	No	es in th		ons:		
Pa 10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest?	ions within untary Fig (Do not i	n the time period duciary Correction nclude transactions	10a	Yes	No	es in th		ons:		
Pa 10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	ions within untary Fic	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	Yes	No x x	es in th		Amount 500,0		
Pa 10 a b	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	ions within untary Fic (Do not i	n the time period duciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b	Yes	No x x	es in th		ons:		
Pa 10 a b c d	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan's	(Do not i	n the time period duciary Correction  nclude transactions  nd, that was caused  s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x	es in th		Amount 500,0		
Pa 10 a b c d	During the plan year:  Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan' Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See	(Do not i	n the time period duciary Correction  nclude transactions  nd, that was caused  s by an insurance the benefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No x x x x x	es in th		Amount 500,0		
Pa 10 a b c d	During the plan year:  Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)  Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan'.  Did the plan have any participant loans? (If "Yes," enter amount as	(Do not i	n the time period duciary Correction  nclude transactions  nd, that was caused  s by an insurance the benefits under	10a 10b 10c 10d	Yes	No x x x	es in th		Amount 500,0		

	Form 5500-SF 2016	Page 3 -						
				-				
Par								
11	Is this a defined benefit plan subject to minimum funding requireme (Form 5500 and line 11a below)	nts? (If "Yes," see instruction:	s and	complete S	chedule	SB	Yes X	No
11a	Enter the unpaid minimum required contributions for all years from S	Schedule SB (Form 5500) line	e 40	******************	11a			
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section 412 of	f the	Code or sect	ion 202	of	T	
	CRISA?	***************************************		***************************************		. 01	Yes X	No
-	(II Tes, complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan year, s	see in	structions, a				ıling
If y	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), and skip to	Mo	13	Da	эу	Year	
	Enter the minimum required contribution for this plan year.				12b			
C	Enter the amount contributed by the employer to the plan for the pla				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter to negative amount)	the result (enter a minus sign	to the	left of a	12d			
9	Will the minimum funding amount reported on line 12d be met by the					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 yea	r?				Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the em				13a			
b	Were all the plan assets distributed to participants or beneficiaries, to control of the PBGC?	ransferred to another plan, or	r brou	ght under th	е		Yes X No	
C	If, during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another plan(s),	, ident	ify the plan(	s) to			
13	c(1) Name of plan(s):		$\top$	13c(2) El	N(s)	T	13c(3) PN(	(2
Part	VIII Trust Information - Skip These Questions							
	Name of trust							
144	name of trust				14b	Trust's El	N	
14c	Name of trustee or custodian					Trustee of	r custodian's number	
Part	IX IRS Compliance Questions - Skip These Ques	stions		-				
15a	Is the plan a 401(k) plan? If "No," skip b.	*************************************	*******	Т	S		☐ No	
	How did the plan satisfy the nondiscrimination requirements for empl 401(k)(3) for the plan year? Check all that apply:		********	sa "C	esign-ba fe harbo urrent y OP test	or	"Prior ye test	ar" ADP
	What testing method was used to satisfy the coverage requirements year? Check all that apply:		•••••	Ra	itio rcentag		Average benefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements for the plan year by combining this plan with any other plan under the	permissive aggregation rules	s?				☐ No	
	f the plan is a master and prototype plan (M&P) or volume submitter he letter/ and serial number							
17b	f the plan is an individually-designed plan that received a favorable cetter/	determination letter from the II	RS, e	nter the date	e of the	most rec	ent determinati	on
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee wh service?	o attained age 62 and had no	ot sep	arated from		Yes	☐ No	
19	Was any plan participant a 5% owner who had attained at least age 7	70 ½ during the prior plan yea	ar?	**************		Yes	☐ No	

## 5500-SF Electronic Filing Authorization

Plan Name:

Rhode Island Construction Management Group, Inc. & Affiliates, Inc. 401(k) Profit Sharing Plan

EIN/PN:

05-0495815/001

Plan Year:

04/01/2016 - 03/31/2017.

I hereby authorize Freeman Retirement Plan Consulting LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor