	rm 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Inte D	Pepartment of Labor Benefits Security Administration	This form is required to be filed Income Security Act of 1974		057(b) and 6058(a) of the		2017 This Form is Open to
Pension B	enefit Guaranty Corporation	 Complete all entries in a 	accordance with the ins	tructions to the Form 5	500-SF.	Public Inspection
Part I		dentification Information				
For calend	lar plan year 2017 or fisc				2/31/2017	ing this hav must attach a
A This re	turn/report is for:	X a single-employer plan				ing this box must attach a ith the form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report		urn/report (less than 12 m	ionths)	
C Check	box if filing under:	☐ Form 5558	automatic extension			rogram
		special extension (enter descr				logram
Part II	Basic Plan Infor	mation—enter all requested inf				
1a Name					1b Three	e-digit
SES AMER	ICA, INC. 401K PLAN				plan (PN)	number 001
					, ,	tive date of plan
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O	Box			01/01/2001 oyer Identification Number
	r town, state or province	, country, and ZIP or foreign posta		structions)	(EIN) 2c Spor	sor's telephone number
					2d Busir	401-232-3370 ness code (see instructions)
21 QUINTO WARWICK,						423800
3a Plan a	administrator's name and	d address X Same $$ as Plan Spon	isor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		plan sponsor or the plan name ha			4b EIN	
•	lan, enter the plan spons	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN	
c Plan N						
5a Total	number of participants a	at the beginning of the plan year			5a	17
		at the end of the plan year			5b	18
		ccount balances as of the end of t			5c	17
d(1) Tot	tal number of active part	icipants at the beginning of the pla	an year		5d(1)	12
		ticipants at the end of the plan yea			5d(2)	13
than	100% vested	erminated employment during the			5e	0
		r incomplete filing of this return er penalties set forth in the instruc				
SB or Sch		d signed by an enrolled actuary, a				
SIGN	Filed with authorized/v	alid electronic signature.	04/15/2018	PHILIPPE PERUT		
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	lual signing	as plan administrator
SIGN						
HERE	Signature of employ		Date	Enter name of individ	lual signing	as employer or plan sponsor
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-5F.			Form 5500-SF (2017) v.170203

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Part IV Plan Characteristics

2E 2F 2G 2J

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

i i

j

9a

b

2A

118408

5998

6a b c	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	an indeper and condit not use Fo nsurance p	indent qualified public accountant ions.) rm 5500-SF and must instead u program (see ERISA section 4021	(IQPA) Yes ☐ No se Form 5500.)? ☐ Yes ☐ No ☐ Not determined
Pa	rt III Financial Information		r	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	450643	456641
b		7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	450643	456641
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	42199	
		÷-(-)	42100	
	(2) Participants	8a(2)	32392	
	(2) Participants			
b	(2) Participants	8a(2)	32392	
	(2) Participants	8a(2) 8a(3)	32392 4189	124406
	 (2) Participants	8a(2) 8a(3) 8b	32392 4189	124406
С	 (2) Participants	8a(2) 8a(3) 8b 8c	32392 4189 45626	124406
c d	 (2) Participants	8a(2) 8a(3) 8b 8c 8d	32392 4189 45626 103489	124406

8h

8i

8j

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

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

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
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		Х	
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	х		50000
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	
e	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		X	
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 year-end.)	10g	Х		1898
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			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Fo	orm 5500-SF	Short Form Annu	al Return/Repo	ort of Small Emp	lovee	OMB Nos. 1210-0110
De Ir	partment of the Treasury Internal Revenue Service		Benefit Plar	า	-	1210-0089
Employee	Department of Labor Benefits Security Administration	This form is required to be file Income Security Act of 1974	ed under sections 104 an (ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of th	Retirement e Internal	2017
Pension	Benefit Guaranty Corporation	Complete all entries in				This Form is Open to Public Inspection
Part I	Annual Report	Complete all entries in Identification Information	accordance with the in	structions to the Form t	5500-SF.	
For caler	ndar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	10/0	1 /0017
A This	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) employer information in a	(Filers check	1/2017 ing this box must attach a
B This re	eturn/report is	a one-participant plan	a foreign plan	employer mornation in a	ccoroance w	in the form instructions.)
- 1183 R	stanneportis	the first return/report	the final return/repo	rt		
C c		an amended return/report	=	turn/report (less than 12 n	nonths)	
C Chec	k box if filing under:	Form 5558	automatic extension	n	DFVC pr	ogram
		special extension (enter descr	iption)		Приср	ogram
Part II	Basic Plan Info	prmation—enter all requested inf	ormation			
1a Nam	e of plan				1b Three	diait
SES AMI	ERICA, INC. 40	1K PLAN				umber 001
					(PN)	•
22 Dies						ive date of plan L/2001
Maili	sponsor s name (emplo ng address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Devi			yer Identification Number
Gity C	or nowin, state or provinc	e, country, and ZIP or foreign posta	al code (if foreign, see in:	structions)	(EIN)	05-0420453
SES AM	MERICA, INC.				2c Spons 401-2	or's telephone number 232-3370
21 QUI	NTON STREET					ess code (see instructions)
WARWIC	v	57			42380	
		RI 02888				
Ja Plant	administrator's name an	d address 🛛 Same as Plan Spon	sor.		3b Admin	istrator's EIN
					3c Admin	istrator's telephone number
	num, enter the platt spor	plan sponsor or the plan name has isor's name, EIN, the plan name ar	s changed since the last	return/report filed for	4b EIN	
a opon	sor s name			and hast returnineport.	4d PN	
C Plan I	vaine					
5a Total	number of participants	at the beginning of the				
b Total	number of participants i	at the beginning of the plan year	•••••••••••••••••••••••••••••••••••••••		5a	17
C Numb	Der of participants with a	at the end of the plan year			5b	18
comp	tere and item)	ccount balances as of the end of the			5c	17
	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	12
e Numi	al number of active part	ticipants at the end of the plan year	•••••••••••••••••••••••••••••••••••••••		5d(2)	13
than	100% vested	erminated employment during the p	plan year with accrued b	enefits that were less	5e	
						0
SB or Sche	alties of perjury and othe edule MB completed and true, correct, and compl	d signed by an enrolled actuany as	ons, I declare that I have well as the electronic ve	e examined this return/report,	ort, including and to the be	, if applicable, a Schedule est of my knowledge and
SIGN		thet	4/15/18	PHILIPPE PERUT		
HERE	Signature of plan ad	ministrator	Date			
SIGN HERE				Enter name of individu	ai siyning as	pian administrator
<u> </u>	Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing of	employer or plan sponsor
For Paperwo	ork Reduction Act Notice	, see the Instructions for Form 5500-S	iF.		ar signing as	Form 5500-SF (2017)

v.170203

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Yes 🛛 No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determ If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instruction Part III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning				//	
a	Total plan assets	. 7a	(d) Deginning		,643		(b) End of Year	<u> </u>
b	Total plan liabilities	7b		150	,015		456,	541
C	Net plan assets (subtract line 7b from line 7a)	7c		450	,643		AEC (C 4 1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou				456,0	
a	Contributions received or receivable from:	1					(b) Total	
	(1) Employers	8a(1)		42,	199			
	(2) Participants	8a(2)			392			
b	(3) Others (including rollovers)	8a(3)		4,	189			
 C	Other income (loss)	8b		45,	626			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	[]				124,4	106
	to provide benefits)	8d		103,	489			
e	Certain deemed and/or corrective distributions (see instructions)	8e			368			
f	Administrative service providers (salaries, fees, commissions)	8f			551	<u></u>		
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	-				118,4	0.8
i	Net income (loss) (subtract line 8h from line 8c)	8 í					5,9	
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics				L			
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$	feature co	des from the List of P	lan Cha	iracteri	istic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	actoric	tic Co	too in the instructioner	
					acterns		ies in the instructions:	
Par								,
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period		1			*******
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions			x		
c	Was the plan covered by a fidelity bond?			10b	x			
d				10c			50,0	00
	by fraud or dishonesty?		iu, mat was caused	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or othe	er persons	s by an insurance					-
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	the honofite under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-e	nd.)	100	х		1 80	38
	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	s of year-e See instru	ctions and 29 CFR	10g 10h	X	x	1,89	98
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e See instru	ctions and 29 CFR	10g 10h 10i	X	x	1,89	98

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Part VI Pension Funding Compliance					
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below) 	omplete Sch	edule S	B	ΓΠ	Yes 🗌 No
I a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		44-			لىسة
ERISA?	de or sectio	n 302 o		1 -	Yes 🕅 No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver.	anth.	d enter f Dav		f the lette Year	er ruling
in you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.		- Billion Contractor Contractor		
b Enter the minimum required contribution for this plan year		12b			
C 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 negative amount)	6 C	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	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?			1 Yes	X N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		<u>6</u>	
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC? c If during this plan assets distributed to participants or beneficiaries. 	1			Yes X	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			3
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c/3) PN(s)
	<u> </u>				,
		·····			