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

2017

This Form is Open to Public Inspection

Part I		dentification Information					
For calend	dar plan year 2017 or fisc	cal plan year beginning 01/01/2			2/31/2017		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	lan (not multiemployer) (f nployer information in ac			
R This rot	turn/report is	a one-participant plan	a foreign plan				
D IIIIS IEI	um/report is	the first return/report	the final return/report				
_		an amended return/report	a short plan year retur	n/report (less than 12 mg	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pro	gram	
Dowt II	Dania Dian Infor						
Part II		mation—enter all requested inf	formation	<u> </u>	1h Thurs	45.25	
1a Name MARDO LA	cof plan CHAPELLE 401(K) RET	TREMENT PLAN			1b Three-plan nu (PN)	umber	
					1c Effective	ve date of plan 01/01/2005	
		er, if for a single-employer plan) n, apt., suite no. and street, or P.C). Box)		2b Employ (EIN)	yer Identification Number 05-0370376	
-	r town, state or province ACHAPELLE & CO., INC	, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Sponsor's telephone number		
					2d Rusina	401-274-8400 ess code (see instructions)	
221 BROAD	DWAY				Zu Dusine	541211	
PROVIDEN	CE, RI 02903					341211	
3a Plan administrator's name and address ∑ Same as Plan Sponsor.					3b Administrator's EIN		
			3c Administrator's telephone number				
		plan sponsor or the plan name hasor's name, EIN, the plan name a			4b EIN		
a Spons	sor's name			·	4d PN		
C Plan	Name						
5a Total	number of participants a	at the beginning of the plan year			5a	4	
		at the end of the plan year			5b	2	
		ccount balances as of the end of		-	5c	2	
d(1) To	tal number of active part	icipants at the beginning of the plant	an year		5d(1)	2	
d(2) To	tal number of active part	ticipants at the end of the plan yea	ar		5d(2)	2	
than	100% vested	erminated employment during the			5e	0	
		r incomplete filing of this return					
SB or Sch		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.					
SIGN HERE	Filed with authorized/v	valid electronic signature.	10/12/2018	MR. ROLAND LACHA	PELLE, CPA	, MBA	
HEKE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as	plan administrator	
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as	s employer or plan sponsor	

Form 5500-SF 2017 Page **2**

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No X Yes No	
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							Not determined . (See instructions.)
Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	7a	73	35551				790023
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7с	73	35551				790023
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁻	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		7590				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	ţ	59064				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66654
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		262				
e	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f	1	11920				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12182
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						54472
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2R 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu 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	include transactions	10b		X		
С				10c	Χ			75000
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 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 pla	n?		10f		X		
g			·	10g	X		_	15102
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				

Form 5500-SF 2017	Page 3- 1
-------------------	------------------

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No			
а	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. Month Day Year							
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 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 '	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 control of the PBGC?			Yes X	No			
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Senefits 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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2017

This Form is Open to Public Inspection

OMB Nos, 1210-0110 1210-0089

	rt Identification Information	<u> </u>			
For calendar plan year 2017 or		01/01/2017	and ending	12/31/2	
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em			
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 r	months)	
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC program	1
non-sensor commonst	special extension (enter desc				
	formation-enter all requested in	formation			
18 Name of plan Mardo Lachabelle 40	l(k) Retirement Plan			1b Three-digit plan number	
warao naomaponio io	r (ii) itodirottatio rraii	1		(PN) •	
				1 c Effective da 01/01/20	
Mailing address (include ro	oloyer, if for a single-employer plan) nom, apt., sulte no. and street, or P.C			2b Employer (ÉIN) 05 -	dentification Number 0370376
Mardo, Lachapelle	nce, country, and ZIP or foreign post & Co., Inc.	ial code (if foreign, see instr	uctions)	2c Sponsor's 401-274	telephone number
221 Broadway				2d Business c	ode (see instructions)
-				541211	
Providence	RI 02903				
3a Plan administrator's name	and address 🗓 Same as Plan Spo	nsor.		3b Administrat	or's EIN
				3c Administrat	or's telephone number
	the pian sponsor or the pian name h consor's name, EiN, the pian name :			4b EIN	
a Sponsor's name			·	4d PN	
C Plan Name					
5a Total number of participan	ts at the beginning of the plan year.		***************************************	5a	4
b Total number of participan	ts at the end of the plan year	***************************************		., 5b	
	h account balances as of the end of			5c	
d(1) Total number of active :	participants at the beginning of the p	lan year		5d(1)	:
	participants at the end of the plan ye			. 5d(2)	:
	no terminated employment during the			5e	
Caution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed (uniess reasonable ca	ause is establishe	
	other penalties set forth in the instru and signed by an enrolled actuary, a molete				
319x Tolund	Lacetypelle	10/12/18	Mr. Roland Lê	chapelle, C	PA, MBA
HERE: Signature of plan	administrator	Date	Enter name of Indivi	dual signing as pla	n administrator

10

Date

Mr. Roland Lachapelle, CPA, MBA

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017				
	Form	5500	SF.	2017

Page	2

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
С	If the plan is a defined benefit plan, is it covered under the PBGC in "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan.	insurance p	orogram (see ERISA s	ection 4	i 02 1)?		
Ra	HIII Financial Information						""
7	Plan Assets and Liabilities	រាមស្រាប់ ប្រជាជាប្រជាជនិត្ត ប្រជាជនិត្តការប្រជាជនិត្ត ស្រាប់ ប្រជាជនិត្តការប្រជាជនិត្តការប្រជាជនិត្តការប្រជាជនិត្តការប្រជាជនិត្តការប្រជាជនិត្តការប្រជាជនិត្តការប្រជ	(a) Beginning	of Yea	- [***	(b) End of Year
a	Total plan assets	. 7a		735,			790,023
b	Total plan liabilities	. 7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	. 7c		735,	551		790,023
8	Income, Expenses, and Transfers for this Plan Year	e jog je nemo zaslabnos za postana zapadne po te za postana zapadne je je	(a) Amour	ıt			(b) Total
a	Contributions received or receivable from:	0-143		7	590	S. 1764 CHILL Daniel 14 Th	
	(1) Employers	. 8a(1)	0.70		220		
	(2) Participants	. 8a(2) . 8a(3)			Š	e este. Einnerent	12
b	Other income (loss)			59,	064		
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	reminare our groungement in the latter than reminare and responsible (1911) 115 (1941) to		acia situ	VII A IN LESSON THE	66,654
d	Benefits paid (Including direct rollovers and insurance premiums		Transference de la reliet está (* 1866 \$1999)	ev age.gaman	2752 3	nii nded dia ka kaagaan ja jagaa	englisent begreift wars vieret in 1886 og 1861 i 1863 it.
	to provide benefits)	. 8d	***		262		
	Certain deemed and/or corrective distributions (see instructions)	. 8e					G 410g (per jar jar jar jar jar jar jar jar jar ja
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		11,	920	ülisehadi. Alakadıre Bişlisinete	La portura de la companya del companya del companya de la companya
<u>g</u>	Other expenses	8g	a esta guardi morsi quada antipis sul del	ieda (vidense)	divisies	aran - ar a rasa Ar ar	
	Total expenses (add lines 8d, 8e, 8f, and 8g)		Personal reservation of the second of the se	errettionis Sales (Sales	adense.		12,182
\div	Net Income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		ENGRAPH SEE HACKTON CHERRY SEE HASSING	1803/04/05/05/05	######################################	Galorothic g	54,472
	Plan Characteristics	· Bj			ě	# IZUF (TIV	E Carlotte de la companya del companya del companya de la companya
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2R 3D						
Par	Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	Voluntary F	iductary Correction	10a		х	
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х	
	Was the plan covered by a fidelity bond?				77	\vdash	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10c	х	х	75,000
e	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person: ne or all of	s by an insurance the benefits under	10 0		х	
f	Has the plan failed to provide any benefit when due under the pla			10f		х	·
g				10g	x		15,102
h		(See instru	ctions and 29 CFR	10g 10h	A	х	
J	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101			oger yn gynner i 126 cener 30 (1) tel Children Henryddol Gener (1) penninnar (200 yr 1) tel Dennyddol Gener (200 yr 1) tel Children Dennyddol Gener (200 yr 1) tel Children

Form 5500-SF 2017

Part.	Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Sc (Form 5500) and line 11a below)		SB	Y	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412 of the			1	es 🛛 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	d enter Da		of the letter Year	ruling
	ou 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 a negative amount)	12d			_
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u>. L</u>	Yes	<u></u> № _	N/A
Pärk	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 control of the PBGC?	•		Yes X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See Instructions.)	i) to	_		
1	3c(1) Name of plan(s): 13c() EIN(s)	13c(3)	PN(s)
	:				
·····			···		
	·				
	:			•	
	; , .				