

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 13722

Amended Confirmation Number:

Employer Information

Name: Centerlight Healthcare Inc.
Address: 136-65 37th Ave
City: Flushing
State: NY
Zip Code: 11354

Plan Administrator Information

Name: David Silva Mojica
Address: 136-65 37th Ave
City: Flushing
State: NY
Zip Code: 11354
Phone: 3479207277
Email: dsilva@centerlight.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Centerlight Healthcare, Inc. 457(b) Plan	Number of Employees: 31
ID:2	Plan Name:	Centerlight Healthcare, Inc. 457(f) Plan	Number of Employees: 6

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 13722. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.