

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: 15487

Amended Confirmation Number:

Employer Information

Name: Jack Goldstein
Address: 400 Massasoit Ave, Suite 200
City: East Providence
State: RI
Zip Code: 02914

Plan Administrator Information

Name: Jack Goldstein
Address: 177 George Street
City: Providence
State: RI
Zip Code: 02906
Phone: 4018644468
Email: jdgoldstein@gmail.com

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:	Sports Medicine and Orthopaedics and Podiatry , Inc. Retirement Plan	Number of Employees: 3
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Additional Information:

I sent in the information to BenefitsSolutionsetc. in January and only found out now that this was not submitted. I cannot reach them by phone or email. No notification from them was ever received after submission in January.



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 15487. 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.