

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: 8787

Amended Confirmation Number:

Employer Information

Name: Brown Physicians, Inc.  
Address: 110 Elm Street  
City: Providence  
State: RI  
Zip Code: 02903

Plan Administrator Information

Name: Mr. Gabriel Shephard  
Address: 110 Elm Street  
City: Providence  
State: RI  
Zip Code: 02903  
Phone: 4047844909  
Email: gabriel.shepherd@brownphysicians.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:	Brown Physicians, Inc. 457(b) Plan	Number of Employees: 2
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Additional Information:

The Plan is effective as of January 1, 2021 and was adopted on July 15, 2021.



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 8787. 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.