

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: 9029

Amended Confirmation Number:

Employer Information

Name: Savino del Bene-USA, Inc.  
Address: 34 Engelhard Ave  
City: Avenel  
State: NJ  
Zip Code: 07001

Plan Administrator Information

Name: Sarah Horowitz, Savino Del Bene  
Address: 34 Engelhard Ave  
City: Avenel  
State: NJ  
Zip Code: 07001  
Phone: 6153000458  
Email: sarah.horowitz@savinodelbene.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:	Number of Employees: 37
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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 9029. 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.