

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

Date Completed: 1/31/2022 6:28 PM EST

Confirmation Number: 9341

Amended Confirmation Number:

Employer Information

Name: Masonicare Corporation  
Address: 22 Masonic Avenue  
City: Wallingford  
State: CT  
Zip Code: 06492

Plan Administrator Information

Name: Masonicare Corporation c/o Anneliese Rosenstein  
Address: 22 Masonic Avenue  
City: Wallingford  
State: CT  
Zip Code: 06492  
Phone: 2036796166  
Email: arosenstein@Masonicare.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:	Masonicare Corporation 457(b) Retirement Savings Plan	Number of Employees: 50
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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 9341. 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.