

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Ave. N.W., N-1513
Washington, DC 20210

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the employer is: Crossroads Rhode Island

The employer's mailing address is: 160 Broad Street
Providence, RI 02903

The employer's federal identification number (EIN) is: 05-0259094

The plans of employer and the number of participants covered in each plan is:

Plan Name: Crossroads Rhode Island 457(b) Retirement Plan

Plan Effective Date: January 1, 2012

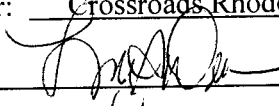
Plan Adoption Date: 4/2/12

Number of Participants: 6

(Specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: Crossroads Rhode Island

By: 

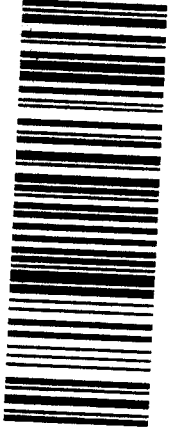
Date: 4/2/12



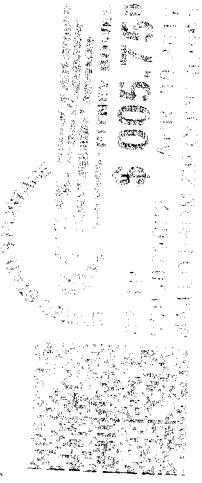
160 Broad Street • Providence, RI

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 1160 0001 4246 7214



U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Ave. NW, N-1513
Washington, DC 20210

