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June 3, 2013

The ANGELL Pension Group, Inc.  
Actuaries, Consultants, and Administrators for Employee Benefit Plans  
88 Boyd Avenue  
East Providence, Rhode Island 02914  
Tel: 401.438.9250 Fax: 401.438.7278  
[info@angellpensiongroup.com](mailto:info@angellpensiongroup.com)  
[www.angellpensiongroup.com](http://www.angellpensiongroup.com)

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

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

**Re: *Alternatives Unilimited, Inc. 457(b) Plan***

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Alternatives Unilimited, Inc. 457(b) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Peter L. Karlson'.

Peter L. Karlson, J.D., LL.M.

PLK/tad  
TOPHAT DOL LTR.DOC/13906-02

Enclosure

cc: Ms. Julie Davieau, *Alternatives Unilimited, Inc.*

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

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Name and Address of Employer: *Alternatives Unlimited, Inc.  
50 Douglas Road  
Whitinsville, MA 01588*

EIN of Employer: *04-2587863*

*The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.*

Name of Plan: *Alternatives Unlimited, Inc. 457(b) Plan*

Date of Adoption of Plan: *May 22, 2013*

Number of Plans: *One (1)*

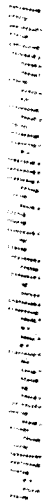
Number of Members of Plan: *Three (3)*

ALTERNATIVES UNLIMITED, INC.

By: \_\_\_\_\_



Dated: 5.28.13



88 Boyd Avenue  
East Providence, Rhode Island 02914



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\$ 006.57<sup>0</sup>

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room 144614  
U.S. Department of Labor  
2700 Pennsylvania Avenue, N.W.  
Washington, D.C. 20540