

2520182740028

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Barry L. Price Rehabilitation Center, Inc.*
27 Christina Street
Newton, MA 02461

EIN of Employer: *04-2625859*

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: *Barry L. Price Rehabilitation Center, Inc. 457(b) Plan*

Date of Adoption of Plan: *July 01,* 2018

Number of Plans: *One (1)*

Number of Participants in Plan: *Ten (10)*

BARRY L. PRICE REHABILITATION CENTER, INC.

By: *[Signature]* *Michael P. [unclear]*

Dated: *08-22-2018*



EBSA/PUBLIC DISCLOSURE

2018 AUG 28 PM 2: 14

A N G E L L

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
www.angellpensiongroup.com

August 22, 2018

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: Barry L. Price Rehabilitation Center, Inc. 457(b) Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Barry L. Price Rehabilitation Center, 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,

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

PLK/jjb
TOPHAT DOL LTR-457B.DOC/10223-02

Enclosure

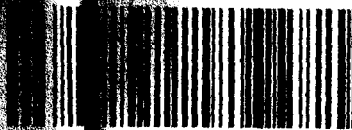
cc: Michael A. Pagnozzi, *Barry L. Price Rehabilitation Center, Inc.*
Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*



ANGELL

The ANGELL Pension Group, Inc.
88 Boyd Avenue
East Providence, Rhode Island 02914

CERTIFIED MAIL



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