

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Bryant University* 2520190450169
1150 Douglas Pike
Smithfield, RI 02917

EIN of Employer: *05-0258810*

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: *Bryant University Nonqualified Deferred Compensation 457(f) Plan*

Date of Adoption of Plan: *9/14/18*

Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

BRYANT UNIVERSITY

By: *Timothy Be*

Dated: *Sept. 14, 2018*



A N G E L L

November 27, 2018

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

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

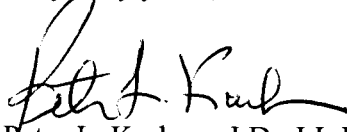
Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Re: Bryant University Nonqualified Deferred Compensation 457(f) Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Bryant University Nonqualified Deferred Compensation 457(f) 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/tad
TOPHAT DOL LTR.DOC/10349-11

Enclosure

cc: Catherine Currie, *Bryant University*

2018 Nov 27 10:22 AM
U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION

