

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

2520190450183

Name and Address of Employer: *Friedline & Carter Adjustment, LLC*
915 Route 6A
P.O. Box 339
Yarmouth Port, MA 02675

EIN of Employer: *83-2816760*

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: *Friedline & Carter Nonqualified Plan*

Date of Adoption of Plan: *January 1*, 2019

Number of Plans: *One (1)*

Number of Members of Plan: *Two (2)*

FRIEDLINE & CARTER ADJUSTMENT, LLC

By: *John J. Condit*

Dated: *January 16*, 2019



A N G E L L

ANGELL PENSION GROUP

January 17, 2019

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: Friedline & Carter Nonqualified Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Friedline & Carter Nonqualified 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.DOC/14958-02

Enclosure

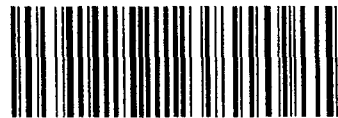
cc: Christine Murphy
John DeMello
Joseph J. Borin, CPC, QPA, QKA



ANGELL

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

CERTIFIED MAIL



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