



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 42729		2. Name of Corporation BENJAMINS III INC.			
3. Street Address Principal Business Office 722 BROAD STREET			City CENTRAL FALLS	State RI	Zip 020863
4. Business Phone No. 401 728-7717		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BAR/RESTAURANT					
7. NAMES PRES. (X BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ARTHUR ALMEIDA			Vice President Name MARIA A. ALMEIDA		
Street Address 15 GRAFTON ST.			Street Address 15 GRAFTON ST.		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☒ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1000	COMMON	NONE			
10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☒ ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series	Par Value		
1000	COMMON	NONE			
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date **MAR 31 2009**
Check No. **763**
By **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

Arthur Almeida
Print or Type Name

President
Title