



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 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2010

**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 <u>183</u>		2. Name of Corporation <u>A.P.d. BENTLY Co. INC.</u>	
3. Street Address Principal Business Office <u>795 NOOSENECK Hill Rd.</u>		City <u>W. GREENWICH</u>	State <u>RI</u>
4. Business Phone No.		5. State of Incorporation	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>HENRY LA PLUME</u>		Vice President Name <u>GRACE BARTLETT</u>	
Street Address <u>795 NOOSENECK Hill Rd.</u>		Street Address <u>795 NOOSENECK Hill Rd</u>	
City <u>W. GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>W. GREENWICH</u>
Secretary Name <u>B.A. CERILLI</u>		Treasurer Name <u>NONE</u>	
Street Address <u>28 Post Rd.</u>		Street Address	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			
Number of Shares <u>100</u>	Class/Series <u>COMMON</u>	Par Value <u>NO PAR</u>	

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 \_\_\_\_\_

Check No. AUG 12 2010

By: BY 124354

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.

Henry La Plume 8/11/10  
Signature Date

HENRY LA PLUME  
Print or Type Name

PRES.  
Title