



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 506927		2. Exact name of the Corporation THE Benjamin Group, Inc.		
3. Principal office address 56 Green Meadow Circle		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401 884-5020		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Real Estate - Lessor of Buildings				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Russell Bertrand			Vice-President Name		
Street Address 56 Green Meadow Circle			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Diane Bertrand			Treasurer Name Russell Bertrand		
Street Address 56 Green Meadow Circle			Street Address 56 Green Meadow Circle		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name Russell Bertrand			Director Name Diane Bertrand		
Street Address 56 Green Meadow Circle			Street Address 56 Green Meadow Circle		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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	CLASS/SERIES	PAR VALUE
	8000	com	0

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.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUL 23 2012
 1027

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.

Russell Bertrand 06/18/12
 Signature of Authorized Representative Date
Russell Bertrand
 Print or Type Name of Authorized Representative