



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

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

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

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

Director Name <b>Russell Bertrand</b>			Director Name <b>Diane Bertrand</b>		
Street Address <b>56 Green Meadow Circle</b>			Street Address <b>56 Green Meadow Circle</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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
	<b>8000</b>	<b>com</b>	<b>0</b>

*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 A Bertrand* 06/18/12  
 Signature of Authorized Representative Date

**Russell Bertrand**  
 Print or Type Name of Authorized Representative