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 2013

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. **2269**	2. Exact name of the Corporation **BENELL REALTY, INC.**		
3. Principal office address **135 DEAN STREET PO BOX 1**	City **PROVIDENCE**	State **RI**	Zip **02901**
4. Business Phone No. **401-421-9643 401-421-3400**	5. State of Incorporation **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island			

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

President Name **FRANK R. BENELL, JR.**			Vice-President Name **WILLIAM N. BENELL**		
Street Address **135 DEAN STREET PO BOX 1**			Street Address **135 DEAN STREET PO BOX 1**		
City **PROVIDENCE**	State **RI**	Zip **02901**	City **PROVIDENCE**	State **RI**	Zip **02901**
Secretary Name **JOHN J. PATERRA II**			Treasurer Name **WILLIAM J. BENELL**		
Street Address **414 BROADWAY**			Street Address **135 DEAN STREET PO BOX 1**		
City **PROVIDENCE**	State **RI**	Zip **02903**	City **PROVIDENCE**	State **RI**	Zip **02901**

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

Director Name **WILLIAM J. BENELL**			Director Name **FRANK R. BENELL, JR.**		
Street Address **135 DEAN STREET PO BOX 1**			Street Address **135 DEAN STREET PO BOX 1**		
City **PROVIDENCE**	State **RI**	Zip **02901**	City **PROVIDENCE**	State **RI**	Zip **02901**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		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
DEC 21 2012
BY DS
184052

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.

Frank R. Benell Jr. 12-12-12
Signature of Authorized Representative Date

Frank R. Benell, Jr.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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