



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. 34319		2. Exact name of the Corporation Benwin Electronics Inc.			
3. Principal office address 60 Pawtucket Ave.		City Rumford	State RI	Zip 02916	
4. Business Phone No. 401-438-3313		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Design, installation and maintenance of Utility submetering installations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. Winter Jr			Vice-President Name Anne Marie Brum		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Anne Marie Brum			Treasurer Name Robert A. Winter Jr		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert A. Winter Jr			Director Name Anne Marie Brum		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			50	None	None

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: _____

FILED

JAN 08 2013

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.

Robert A. Winter Jr 1-6-13
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY **mnc** **Robert A. Winter Jr.**
 Print or Type Name of Authorized Representative

CH # 6027