



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. 00011907		2. Exact name of the Corporation BINGELL ENTERPRISES, INC.			
3. Principal office address 23 NARRAGANSETT AVENUE		City JAMESTOWN	State RI	Zip 02835	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A FULL SERVICE RESTAURANT					
President Name ALFRED B BINGELL			Vice-President Name ALFRED B BINGELL		
Street Address 5 FOWLER STREET			Street Address 5 FOWLER STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name ALFRED B BINGELL			Treasurer Name ALFRED B BINGELL		
Street Address 5 FOWLER STREET			Street Address 5 FOWLER STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1,000.00	STK	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.

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED

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