



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 123149		2. Exact name of the limited liability company BENE REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT & ANY OTHER LEGAL BUSINESS			
5. Principal office address 4422 SOUTH EAST 20TH AVENUE			City CAPE CORAL	State FL	Zip 33904-8708
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LIA BENEVIDES			Contact Title MEMBER		
Street Address 37 ELMWOOD AVENUE			City BRITOL	State RI	Zip 02809
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name BENJAMIN F. BENEVIDES			Manager Name DENISE BENEVIDES		
Street Address 4422 SOUTH EAST 20TH AVENUE			Street Address 4422 SOUTH EAST 20TH AVENUE		
City CAPE CORAL	State FL	Zip 33904-8708	City CAPE CORAL	State FL	Zip 33904-8708
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 8 2015

By 1900

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Lia Benevides 9/2/15
 Signature of Authorized Person Date

LIA BENEVIDES
 Print or Type Name of Authorized Person