

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 2016

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.	2. Exact name	of the Corporation	, ,		
121786 Bencosme			Enterprise, INC.		
3. Principal office address	Λ		City	State _	Zip
19 Radcliffe Ave.			Provider	nce State	02908
4. Business Phone No.			5. State of incorporate	ion	102:0
(401)351-0934			5. State of Incorporation Khode Island		
6. Brief description of the chara		anducted in Rhode Island	1 17 10 00	10 1440	·
o. Difer description of the chara-	ciei oi business ci	onducted in Anode Islani	u		
7. LIST <u>ALL</u> OFFICERS (NAM	ES AND ADDRES	SSES) ("X" BOX FOR A	TTACHMENT)		
President Name			Vice-President Name		
German S. Dencosme					
Street Address			Street Address		
	Chata		City	104-4-	7:-
Providence	State	21p 02908	City	State	Zip
Secretary Name			Treasurer Name		
Nancx Y. Bencosmi					
IStreet Address ✓			Street Address		
19 Radeliffe Ave.					
City	State	Zip	City	State	7in
Providence	RT	02508	City	State	Zip
8. LIST ALL DIRECTORS (NAI	WES AND ADDRE	SSES) ("X" BOX FOR			· · · · · · · · · · · · · · · · · · ·
Director Name	\mathcal{T}		Director Name	U n	
Guman J.	13 cn cos	me	Nancy	T. Bencosmi	
Street Address 19 Radcliffu Aru			Street Address 19 Rad Cliffu Ave		
City Providuncy	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RT	02908
Director Name			Director Name		
Street Address		 	Street Address		
			000171		
City	State	Zip	City	State	Zip
	Ciale	214	City	State	Zip
9. SHARES AUTHORIZED 4	/ and al	0 . 10 (40 0110 0000		
9. SHARES AUTHORIZED 4,000 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently o	f record in the O	Was of the Country.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
of State. Changes require an a		nice of the Secretary	4,000	No Par velo	0
See Section 9 of Instruction sh	•		1,000	100 107 1-10	1~
This report must be executed or	hehalf of the cor	noration by an authorize	d representative. If the c	arnaration is in the bands of	of a radalisar or trustae
The report made to exceeded of	this report must b	e executed on behalf of	the comoration by the re	orporation is in the natios (regiver nictrustee	on a receiver or trustee,
	•		. /	1	that I have evemined
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
			and that all stateme	ents contained herein are	true and correct.
Check No	···-	Saure			, ,
_	-	FILED		<u> </u>	01/19/2016 Date
Ву:		· ILLU	Signature of Authoriz	zed Representative	Date
FOR SECRETARY OF STATE	USE ONLY	IAN 2 1 0040	German	5 - Ranwsme	e President
		JAN 2 2016		of Authorized Representati	
Form No. 630	\	41 25111	init or type realie	or ramorizou riepresentan	,
Revised: 01/2012	``∨ټ	110001			