



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.

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|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. 2262 | | 2. Exact name of the Corporation Beneficial Energy Products, Inc. | | | |
| 3. Principal office address 450 West Avenue | | | City Pawtucket | State RI | Zip 02860 |
| 4. Business Phone No. 401-726-5725 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Install insulation, windows, doors and weather stripping. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Richard V. Battista | | | Vice-President Name Vincent A. Battista | | |
| Street Address 6 Crystal Court | | | Street Address 6 Crystal Court | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Yolanda Battista | | | Treasurer Name Richard V. Battista | | |
| Street Address 6 Crystal Court | | | Street Address 6 Crystal Court | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Richard V. Battista | | | Director Name Yolanda Battista | | |
| Street Address 6 Crystal Court | | | Street Address 6 Crystal Court | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 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 | COMMON | NO PAR |

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

MAR 28 2016

By 270969

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 [Signature] Date 3/28/16

Richard V. Battista, President
 Print or Type Name of Authorized Representative

ICM