



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: corporation@sos.state.rhodeisland.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. 128231		2. Exact name of the Corporation BENNETT ASSOCIATES, INC.		
3. Principal office address 468 BULLOCKS POINT AVE, STE 404		City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. 401-714-3624		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island HOME INTERIOR & PAINTING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MICHAEL BENNETT		Vice-President Name		
Street Address 294 FRENCH STREET		Street Address		
City FALL RIVER	State MA	Zip 02920	City	State Zip
Secretary Name SAME		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ALL SAME AS ABOVE		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
9. AUTHORIZED REPRESENTATIVE				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This report is currently of record in the Office of the Secretary of State. Any changes requires an additional filing. See instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	COMMON	NPV

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: Michael A Bennett Date: 7/15/2016

MICHAEL BENNETT

Print or Type Name of Authorized Representative

FILED

JUL 28 2016

BY 5417

File Date _____

Check No _____

By: _____

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