



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 Corporation

- Filing period: January 1 - March 1
  - Filing Fee: \$50.00
  - Penalty: Additional \$25.00 fee if form is not filed by April 1.
- Company closed on June 30, 2016

1. Entity ID Number <b>128231</b>		2. Exact name of the Corporation <b>Bennett Associates Inc</b>	
3. Principal Office Address <b>468 Bullocks Pt Ave Ste 404</b>		City <b>Riverside</b>	State <b>RI</b>
		Zip <b>02915</b>	
4. NAICS Code <b>235210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Home interior &amp; painting</b> <b>"Company Closed 6/30/16"</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Michael Bennett</b>		Vice-President Name	
Street Address <b>294 French St</b>		Street Address	
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02920</b>	
Secretary Name <b>same</b>		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>same as above</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>NAV</b>
11. 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. <i>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.</i>			
Name of Authorized Representative <b>Michael Bennett</b>		Date <b>1/15/17</b>	
Signature of Authorized Representative <i>Michael Bennett</i>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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