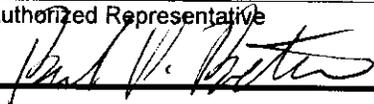




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 103782		2. Exact name of the Corporation BENTSEN SIGNWORKS, LTD.			
3. Principal Office Address 26 DOUGLAS STREET			City JAMESTOWN	State RI	Zip 02835
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE DESIGN, MANUFACTURE AND SALE OF CUSTOM SIGNS AND SIGNAGE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL P. BENTSEN			Vice-President Name		
Street Address 26 DOUGLAS STREET			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name PAUL P. BENTSEN			Treasurer Name PAUL P. BENTSEN		
Street Address 26 DOUGLAS STREET			Street Address 26 DOUGLAS STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE (A CLOSE CORPORATION)			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. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					NONE
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. 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.					
Name of Authorized Representative PAUL P. BENTSEN, PRESIDENT				Date 1/31/17	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED 		

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

FEB 10 2017
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