



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 001663869		2. Exact name of the Corporation Benjamins General Contractors, Inc.	
3. Principal Office Address 258 Grattan Street		City Fall River	State MA
		Zip 02721	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Construction, Contracting and Sub-Contracting		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joao Benjamin		Vice-President Name Mario Benjamin	
Street Address 258 Grattan Street		Street Address 231 Blackstone Street	
City Fall River	State MA	City Fall River	State MA
Zip 02721		Zip 02721	
Secretary Name Joao Benjamin		Treasurer Name Mario Benjamin	
Street Address 258 Grattan Street		Street Address 231 Blackstone Street	
City Fall River	State MA	City Fall River	State MA
Zip 02721		Zip 02721	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		PAR VALUE	
1000		CNP	
		\$0.00	
This information is currently of record in the Department of State.			
Changes require an additional filing.			
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 Joao Benjamin			Date
Signature of Authorized Representative <i>[Signature]</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

SIGN DOCUMENT HERE

FEB 09 2018

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