State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

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	2. Exact name of the Corporation		
001663869	**Benjamins General Contractors, Inc.**		
3. Principal Office Address	City	State	Zip
258 Grattan Street	**Fall River**	**MA**	**02721**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236118	**Construction, Contracting and Sub-Contracting**		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Joao Benjamin**			Vice-President Name **Mario Benjamin**		
Street Address **258 Grattan Street**			Street Address **231 Blackstone Street**		
City **Fall River**	State **MA**	Zip **02721**	City **Fall River**	State **MA**	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**	Zip **02721**	City **Fall River**	State **MA**	Zip **02721**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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

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SECRETARY OF STATE

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	**CNP**	**$0.00**

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	Date
Joao Benjamin	

Signature of Authorized Representative

X [signature]

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017