



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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STATE
SECRETARY OF
CORPORATIONS
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1. Entity ID Number <u>111907</u>		2. Exact name of the Corporation <u>Bingell Enterprises Inc.</u>	
3. Principal Office Address <u>136 Lafayette Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02880</u>	
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Full service restaurant operation</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Alfred Bingell</u>		Vice-President Name <u>Alfred Bingell</u>	
Street Address <u>5 Fowler St.</u>		Street Address <u>5 Fowler St.</u>	
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>
State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>
Secretary Name <u>Alfred Bingell</u>		Treasurer Name <u>Alfred Bingell</u>	
Street Address <u>5 Fowler St.</u>		Street Address <u>5 Fowler St.</u>	
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>
State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	
		<u>STK</u>	
		<u>0</u>	
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 <u>Alfred Bingell</u>			Date <u>06-20-18</u>
Signature of Authorized Representative <u>Alfred Bingell</u>			

FILED
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