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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

2018 SEP -5 PM 1: 28

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

1. Entity ID Number	2. Exact name of the Corporation						
000810074	BENITEZ & SONS DRYWALL INC.						
3. Principal Office Address			City		State	Zip	
62 VALLEY STREET			CENTRAL F	ALLS	RI	02863	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business of	conducted in Rhoo	de Island		
238310 CONSTRUCTION	DRYWALL COMERCIAL AND RESIDENTIAL CONSTRUCTION						
5. State of Incorporation	1						
RI	1						
7. List ALL officers (names and ad	dresses)			Che	eck the box to indi	cate an attachment 🗖	
President Name OSCAR BENITEZ			Vice-President Name CRISTEL BENITEZ				
Street Address 62 VALLEY ST			Street Address 62 VALLEY ST				
City CENTRAL FALLS	State RI	^{Zip} 02863	City CENTRA		State RI	Zip 02863	
Secretary Name SILVIA HERNAND	cretary Name SILVIA HERNANDEZ			Treasurer Namo			
Street Address 62 VALLEY ST			Street Address				
City CENTRAL FALLS	State RI	Zip 02863	City		State	Zip	
8. List ALL directors (names and a	ddresses)				eck the box to indi	cate an attachment 🔲	
Director Name			Director Name	9			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		<u> </u>	Director Name	9			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss				cate an attachment	
This Information is currently of record in the Department of State.		100	OF SHARES	STK 0.01			
Changes require an additional filing.							
11. This report must be executed	on behalf of the	corporation by an	authorized repre	L sentative. If the co	orporation is in the	hands of a receiver or	
trustee, this report must be execu	ted on behalf o	f the corporation by	the receiver or t	rustee.		adulas and	
Under penalty of perjury, I decided the statements, and that all statements.				incidang any ac	companying sch	edules and	
Name of Authorized Representative			Date 9/0	Date 9/05/2018			
Signature of Authorized Represen	nun dez		-				
Lear 9	7	SIGNES	CUMENT HE	ILED			
MAIL TO:	///		•	D 0 5 2040			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP U 5 2018 / 4

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