State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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CORPORATIONS DIV

2018 SEP -5 PM 1:28

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 FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238310 CONSTRUCTION	DRYWALL COMERCIAL AND RESIDENTIAL CONSTRUCTION		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
OSCAR BENITEZ	CRISTEL BENITEZ
Street Address: 62 VALLEY ST	Street Address: 62 VALLEY ST
City: CENTRAL FALLS, State: RI, Zip: 02863	City: CENTRAL FALLS, State: RI, Zip: 02863
Secretary Name: SILVIA HERNANDEZ	Treasurer Name
Street Address: 62 VALLEY ST	Street Address
City: CENTRAL FALLS, State: RI, Zip: 02863	City, State, Zip

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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	STK	0.01

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: Felipe Hernandez — Date: 9/05/2018

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
SEP 05 2018 1:28
BY CR G275J

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