RI SOS Filing	Number: 2019	984093420	Date: 1/9/2	2019 4:00:00 PM			
Department of State	te - Business	Services Div	vision		FIL	ED	
Annual Report for the yea							
Corporation	20	019			JAN 0	9 2019	
→ Filing period: January 1 - March 1			ココリ				
→ Filing Fee: \$50.00		BY					
 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 						- 	
000034319	Benwin Electronics Inc.						
<u>.</u>				1162 (116	State	Zip	
60 Pawtucket Ave			City Rumford		RI	02916	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541219	Submetering of Utilities design and						
5. State of Incorporation R I	maintenance						
7. List ALL officers (names and add	resses)				e box to inc	dicate an attachment	
President Name Robert A. Winter Jr			Vice-President Name Anne M. Brum				
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave				
City Rumford	State	Zip 02916	City		State	Zip 0 Z 9 1 6	
Secretary Name Anne M. Brun			Robert A. Winter Jr				
Street Address	Street Address ,						
City Pawtucke	State	Zin	56	Pautuck	State	√e Zip	
Rumpord	RI	02976	CityRum	rovd	RI	02916	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name							
Robert A. Winter Tr Street Address			Anne M. Brum Street Address				
1.50 Ω_{\odot} t Δ_{\odot}			56 Pawtucket Ave				
city Rum ford	State I	ZIP 02916	City Ruw	reord	State	2ip 0 2916	
Director Name							
Street Address			Street Address				
City	State	Zφ	City		State	Z-p	
9. Shares Authorized	d in Abn	10. Shares Issued		Check the CLASS/SERIES	ne box to inc	dicate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.				OCA33/3ERIES	WiThout		
		200				Par Value	
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 declar	e and affirm that	I have examined	this report, ii	ncluding any accomp	anying sc	hedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Robert A. Winter Jr					1-6-19		
Signature of Authorized Representative SIGN DOCUMENT HERE							

Phone: (401) 222-3040